



LaShawn A. v. Williams

**An Assessment of
The District of Columbia's
Progress as of April 30, 2006
in Meeting
the Implementation and Outcome
Benchmarks for Child Welfare Reform**

Center for the Study of Social Policy
1575 Eye Street, NW, Suite 500
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LaShawn A. v. Williams

**An Assessment of the District of Columbia's Progress as of April 30, 2006
in Meeting the Implementation and Outcome Benchmarks for Child Welfare Reform**

I. INTRODUCTION

This report is prepared by the Center for the Study of Social Policy (CSSP; the LaShawn Court-appointed Monitor) in preparation for the July 25, 2006 status hearing for LaShawn A. v. Williams. This hearing has been set to report on the progress of the District of Columbia in meeting the outcome and implementation benchmarks established in the Court-ordered LaShawn A. v. Williams Implementation Plan.¹

In an effort to provide the Court and the public with the most up to date information, progress is measured as of April 30, 2006 against the outcome benchmarks in the LaShawn Implementation Plan. Progress is shown in relation to the most recent 2005 benchmarks as well as to the June 30, 2006 benchmarks.² The June 30, 2006 benchmarks are shown to gauge upcoming requirements and to assess how close the District was in April 2006 to meeting the June 30, 2006 requirements. This report includes the Monitor's assessment of those areas in which performance has improved as well as areas where significant challenges still remain before compliance with the LaShawn Modified Final Order (MFO) and Implementation Plan is achieved.

We view this report in part as a "taking stock" assessment of the District's multi-year road to reform. Therefore, included is a historical perspective that shows the significant changes in the structure and functioning of the child welfare system since the early 1990s when the LaShawn lawsuit first came before the Court and when the child welfare agency was a division in the District's Department of Human Services. The historical perspective includes references to CSSP's original testimony prepared for LaShawn A. v. Kelly trial in September 1990 and information from the Monitor's early quarterly progress reports.³

¹ The LaShawn Implementation Plan was approved on May 15, 2003 by U.S. District Court Judge Thomas F. Hogan. The Implementation Plan sets the outcomes to be met by and the strategies that the District of Columbia will implement to achieve compliance with the child welfare reforms required under the LaShawn A. v. Williams Modified Final Order. The Implementation Plan covers outcomes and activities through December 31, 2006 and sets interim performance benchmarks to assess improvements at six month intervals.

² July 2006 data are used to determine progress against June 2006 benchmarks and these data are not yet available.

³ For copies of the Center for the Study of Social Policy's LaShawn A. v. Williams Testimony please contact the Center for the Study of Social Policy 1575 Eye Street, NW, Suite 500, Washington, D.C. 20005 202.371.1565

In addition to the narrative historical information that begins each section, baseline data, when available, is shown for each benchmark area to illustrate progress since the end of the *LaShawn* Receivership. This information comes from the Monitor's progress reports beginning with the December 4, 2001 *Progress Report on the Termination of the LaShawn Receivership and Baseline Report on Probationary Period Performance Standards*. Both sets of information – from the early years of the lawsuit and from the end of the receivership - provide important context on the conditions that prompted the initial *LaShawn* litigation and the significant achievements to date at the District's Child and Family Services Agency (CFSA). Finally, the Monitor has identified those areas in which intensive action is needed in the coming months as we approach the final benchmarks of the current Implementation Plan on December 31, 2006.

Also new to this report are data on individual private agencies' performance against the Implementation Plan benchmarks. These data have recently become available, reflecting CFSA's increased use of and reliance on data to assess progress and inform management and contracting decisions. These data are now shared with the private agencies on a monthly basis and are available to the public on CFSA's website (www.cfsa.dc.gov – Reports and Assessments), providing an important tool for ongoing accountability.

Multiple sources of information, as detailed throughout this report, have been used to determine the direction of progress and provide objective information to the Court, the plaintiffs in the *LaShawn* litigation, key stakeholders, the Mayor, the Council of the District of Columbia, the Child and Family Services Agency and the general public. Section IV provides a summary table of the Agency's performance against the December 31, 2005 and the June 30, 2006 benchmarks.

It is important to note that, as in the recent past, the assessment of progress relies heavily on the Monitor's review of administrative data from CFSA's FACES information system. In the last several months, CFSA moved to a web-based platform – FACES.NET. This is an exciting development and makes CFSA the first child welfare system in the country to have a federally certified information system that is web-based. This transition, however, is not without anticipated data challenges, which may have affected some of the data reported herein. It is anticipated that all data issues will be rectified by the end of the summer.

II. OVERVIEW

As of July 2006, the District is less than six months away from December 31, 2006, the date by which full compliance with the benchmarks established in the LaShawn Implementation Plan is to be accomplished. As has been true through the past five years, CFSA has made significant progress in many areas and progressive and measurable improvement continues. There remain, however, a majority of areas for which performance does not meet the expectations of the LaShawn Implementation Plan. In other areas, CFSA has made clear progress and, in some instances, is close to achieving the desired results. This uneven performance remains true despite strong leadership, high aspirations, and hard work by staff and commitment of resources to reform. The next six months provide a critical opportunity to develop and implement plans, many of which are well underway, to get from where CFSA is to where it needs to be and to reach and sustain improvements. Even given the many areas of systemic improvement, however, it is not realistic to expect that CFSA will attain full compliance with the benchmarks set forth in the LaShawn Implementation Plan by the close of 2006. The Monitor, therefore, recommends that the parties carefully consider the action steps that will be required going forward to achieve full compliance, as well as prepare a revised timetable reaching beyond 2006 that will be necessary to implement those steps while under continuing Court supervision.

There have been many practice, policy and administrative improvements, which should be noted and should serve as springboards to even greater outcomes as the parties continue along the reform path. CFSA leadership and staff throughout the Agency are engaged in on-going work to transform practice and to achieve better outcomes for children and families by implementing practice innovations, administrative actions to improve accountability at all levels, resource investments and deliberate collaboration with community partners and other stakeholders. CFSA has developed a clear set of values and principles with its new Practice Model, which includes the family's voice in decision-making and governs not only the case carrying units, but the administrative functions of the agency and private providers. The Practice Model embraces four critical goals: Children are safe, families are strengthened, children and teens have permanence, and child and teen developmental needs are met. All agency staff and leadership of the private providers have been trained on the model, and continued training is planned.

CFSA recently created separate units to serve families with children remaining in the home so that these social workers can focus their work on meeting the needs of at-risk families while other workers manage foster care cases, which have different and often court-driven demands. CFSA has made a commitment to better utilizing and supporting kinship placements through the expanded use of Family Team Meetings and implementation of "Youth Connections," a program designed to ensure all youth leaving CFSA have permanent connections to a caring adult to provide support when they are no longer in CFSA care. CFSA is also utilizing a nationally known consultant to support its "Family Finding" initiative, in which staff explore many options to locate family members who can provide support and continuity for children in care, especially older youth. A unique community-based support system has been established through the Healthy Families Thriving Communities Collaboratives to support families and youth exiting the foster care system. CFSA is moving forward to improve permanency planning and increase post-permanency supports for children and families. The availability of adoptive services has been expanded through dedicated post-adoption workers and contracted services and supports. A

significant amount of attention has been focused on workforce development. CFSA has reduced its staff vacancy rate and new staff who are employed by the Agency receive quality pre-service training, which includes on-the-job experience prior to taking on a full caseload.

Acceptable performance levels have been achieved against some benchmarks in the LaShawn Implementation Plan including:

- maintaining a 24 hour Hotline system for accepting reports of abuse and neglect,
- ensuring all child abuse and neglect investigations include a check of prior reports,
- establishment of specialized resource pool of medical, mental health and other specialties to provide support to staff and children,
- maintaining a child fatality review process,
- providing financial support for community and neighborhood-based services,
- eliminating inappropriate use of Emergency Care and General Assistance as a substitute for appropriate child welfare intervention,
- placement of children in least restrictive, most family like setting,
- reducing the number of children under age 12 in congregate settings,
- eliminating the use of the Intake Center at CFSA for overnight shelter for children who need an appropriate placement,
- reducing the inappropriate and extended use of emergency placements,
- complying with the foster home capacity limits on overcrowding of foster homes,
- ensuring supervisory review of case plans,
- ensuring that children's permanency planning goals are appropriate,
- developing post-adoption services and notifying families of the availability of these services,
- holding administrative reviews and permanency hearings in court to assess children's case progress,
- offering judicial training and providing opportunities for collaboration between CFSA, the Office of the Attorney General and the Family Court, and
- providing the required bi-annual Needs Assessment and an annual Resource Development Plan, Employee Recruitment and Retention Plan, Training Plan and a semi-annual Quality Assurance Report.

At the same time, progress is needed to meet the remaining benchmarks and LaShawn requirements. At the end of each section of this report, specific areas that require intensive attention and improvement to achieve the reform goals of the LaShawn order are identified. The largest remaining challenges are in the following areas:

▪ **Child Abuse and Neglect Investigations Practice**

Although the District now has a 24 hour capacity to professionally respond to reports of child abuse and neglect, investigations of alleged child maltreatment are not always initiated or completed in a timely fashion. While the backlog of investigations incomplete after 30 days has been declining in recent months (rapidly in the last month) and the Monitor's recent review of investigative functions found that generally children are safe, the review also showed that necessary evaluations of children are not consistently

provided as part of the investigation and the quality of investigation practice remains uneven.

- **Appropriate Placement Resources and Practice**

Although the range and quality of placement resources has improved since the early 90's, there are still insufficient placement resources to meet the specific needs of many of the children in foster care and, as a result, children continue to move too often from placement to placement. The lack of a placement resource pool that is large and diverse enough also causes the Agency to frequently place children in whatever placement bed is available instead of matching individual children with the best foster parent or resource to meet his or her individualized needs. Additionally, despite considerable and on-going effort, the District been unable to adequately resolve issues with the Interstate Compact for the Placement of Children that create unworkable barriers for placement of children in surrounding jurisdictions, particularly in Maryland. As a result, children frequently must enter foster homes with unrelated foster parents when relatives living in Maryland and Virginia are interested in providing foster care but are not quickly accessible due to ICPC barriers.

- **Adequacy of Mental Health Services**

There is no question that the landscape from the early 1990's, when there was extremely limited access to any mental health services for children in foster care and their families, is much improved. CFSA has worked collaboratively with the Department of Mental Health (DMH) to expand the potential array of resources and to shift the responsibility of providing mental health services to children in foster care to a mental health system of care model. Much more, however, remains to be done to ensure that appropriate services are available and can be easily accessed for children, parents, foster and adoptive parents and youth in care. The ambitions of the strategy to build effective mental health resources for children and families served by CFSA has encountered multiple challenges related to funding requirements, payment authorization and structural problems at DMH. Children are not routinely receiving the timely and quality of mental health assessments and treatment envisioned by this restructuring which severely threatens their well-being.

- **Visitation**

Many of the visitation requirements essential for assuring child safety, case planning and supervision of placement are not being met. These include social worker visits to families and children with in-home cases, to children in foster care, to parents when the permanency goal is reunification. Frequent and purposeful visitation is a basic and critical component of child welfare practice. The Quality Service Reviews show that intra-familial (parents with children and children with their siblings) visits are occurring informally and more frequently perhaps than the administrative data document but CFSA must continue to work on increasing all types of visitation and ensuring the documentation of these visits.

- **High Quality Social Work Practice with Children and Families**

The Agency has recently developed a Practice Model to reflect its core mission and values and to serve as the framework for the training and supervision of workers in the

core components of child welfare practice. The practice model emphasizes best practice in its emphasis on assessment, team building and planning in a coordinated way with families and their support teams. While considerable progress has occurred over the years, additional work is needed to insure the practice is reliably at a level consistent with the agency's expectations for the implementation of individualized service plans developed with families and other service providers and consistently carried out to achieve appropriate case goals.

- **Training of Frontline Social Workers**

While CFSA has made significant strides to improve training for the front-line social worker, the Agency lags far behind expectations in this area. While 96% of the CFSA workers received the required 80 hours of pre-service training, only 15% of the private agency workers received this training for an overall performance of 40% of all new workers hired by CFSA and the private agencies. Twenty-six percent of previously hired CFSA and private agency social workers received the required 40 hours of in-service training last year.

- **Contracts and Payments to Contract Providers**

The last organizational infrastructure components that continue to need improvement to be fully operational at a consistent level of performance and quality are the CFSA contracts and payment functions. Although the agency has moved from a place where the contracting function was in total disarray, significant problems still remain. There is a formal contracting administration that is almost fully staffed, however, leadership changes in this area have resulted in a diminished capacity to develop and implement contracts in a timely fashion. Additionally, while considerable recent progress has been made, the issues related to timely and accurate provider payments are not yet completely resolved.

The remaining distance that the District must move to operate a consistently reliable and high quality child welfare system should not obscure the overall finding that CFSA continues to make real and measurable progress toward improving results for the District's children and families. Notwithstanding the District's accomplishments to date, the current level of achievement, even assuming exceptional progress in the next 6 months, is not likely to produce full compliance with the LaShawn MFO and Implementation Plan requirements by December 31, 2006.

We are now less than six months from the expected completion and achievement of LaShawn Implementation Plan requirements. Based on the Court's review of progress to date, the Monitor is prepared and willing to facilitate discussions with District officials and LaShawn plaintiffs to ensure that all possible steps are taken to accelerate progress prior to December 31, 2006, to explore options going forward to achieve full compliance with the LaShawn Implementation Plan, and to reach agreement among the Parties on criteria for meeting requirements in the LaShawn Modified Final Order.

III. Performance in Key Substantive Areas as of April 30, 2005

A. Protective Services

1. Historical Perspective⁴

In 1990 the District consistently failed to meet the mandates of federal law PL 96-272 (Child Welfare and Adoption Assistance Act of 1980) as well as its own statutes and policy. Testimony at the *LaShawn* trial in Federal court established the District's methods of investigating child neglect were inadequate and not capable of reliably safeguarding children. At the time the testimony was given, the District's Child and Family Services Division (CFSD), now CFSA, was responsible only for investigating potential neglect cases. The Metropolitan Police Department (MPD) was responsible for investigating cases of suspected abuse. This process was commonly known as the "bifurcation" of abuse and neglect investigations within the District.

In 1989, the average time taken to initiate investigations of child neglect was 10 days, in 1990, the average time had dropped to 4 days – still far in excess of the mandated 24 hours. In half of the neglect reports received in June 1990, the investigations unit failed to initiate investigations within the 24 hour period. This level of performance probably overstates actual performance since the District at that time had no reliable way to record and track calls to the Hotline and there was similarly no tracking system at the MPD for abuse reports. The testimony at trial did not report the average time for completing investigations, but states there had been a continuous backlog of uncompleted investigations as high as 1200 a month.

There was no systematic way to prioritize or screen reported neglect cases, resulting in the investigation of inappropriate cases and failure to take quick action when children's immediate safety was questioned. Reports of calls not answered or not investigated were frequent in the early 1990's. The District lacked a formal systematic risk assessment process and could not identify which families needed an immediate response. Additionally, the process of intake and investigation was compromised by the bifurcation of abuse and neglect investigations and services, causing children and families to fall between the cracks. Both the MPD and CFSD had poor record keeping and retrieval capacity.

2. Systemic Agency Changes

Significant administrative changes have occurred since 1990, which have fundamentally altered the ways in which the District investigates child abuse or neglect. The District's child welfare agency, CFSA, is now responsible for all investigations of child maltreatment (abuse and neglect) and joint investigations are completed with the Metropolitan Police Department when there are concerns of severe physical abuse or sexual abuse, thereby ending the historical bifurcation of the investigative system in the District.

⁴ The historical perspectives in each section are based primarily on the Monitor's original testimony prepared for *LaShawn A. v. Kelly* in September 1990.

CFSA now operates a Hotline responsible for accepting allegations of child maltreatment, available 24 hours a day, 7 days a week. A new phone system has been installed that allows calls to be taped for purposes of review and supervision, an essential element of any emergency-response system. CFSA has the ability to check prior history of child abuse and neglect every time an individual's identifying information is added to FACES - the child welfare agency's automated information system - a task previously completed by having workers inconsistently check index cards with family names. FACES also provides a way to track what happens to all calls to the hotline, correcting an historic problem of locating and organizing intake files. Cars, in good repair, are maintained in order for workers to promptly respond to families after a Hotline report. While problems with worker's access to cars have been solved today, it is an area where CFSA must remain vigilant as it has been solved and has reappeared multiple times during the past 10 years.

Additional areas of progress include CFSA's specialized work to investigate allegations of institutional abuse or neglect, improvements in more timely transfer of cases from the investigation unit to the appropriate unit for services provision, and the creation and relationships with the Safe Shores, the District's Child Advocacy Center to enhance the quality of investigations of severe physical abuse and sexual abuse. The District now operates a child fatality review process, which includes internal agency reviews of every child death of a child known to the Agency in a four-year period prior to the fatality and citywide, multi-agency reviews of child deaths to identify and address systemic concerns. A high quality annual report on child fatalities is produced and made public as well.

CFSA has also taken steps to improve the quality and consistency of investigative practice. These include the introduction of the use of a Structured Decision-Making™ model with tools for risk and safety assessments and protocols to assist workers in making the difficult decisions inherent in assessing alleged child maltreatment. CFSA also conducts Family Team Meetings (FTM) when children are at risk of removal from their homes in order to identify the strengths and needs of the child and the family and to appropriately incorporate families into the decision making process. In addition, CFSA's investigative policy and protocols require workers to talk to collateral contacts (e.g. schools, neighbors, health professionals) during an investigation and workers have access to and are encouraged to use staff nurses to gather information and ensure appropriate medical care for children.

3. Benchmark Progress

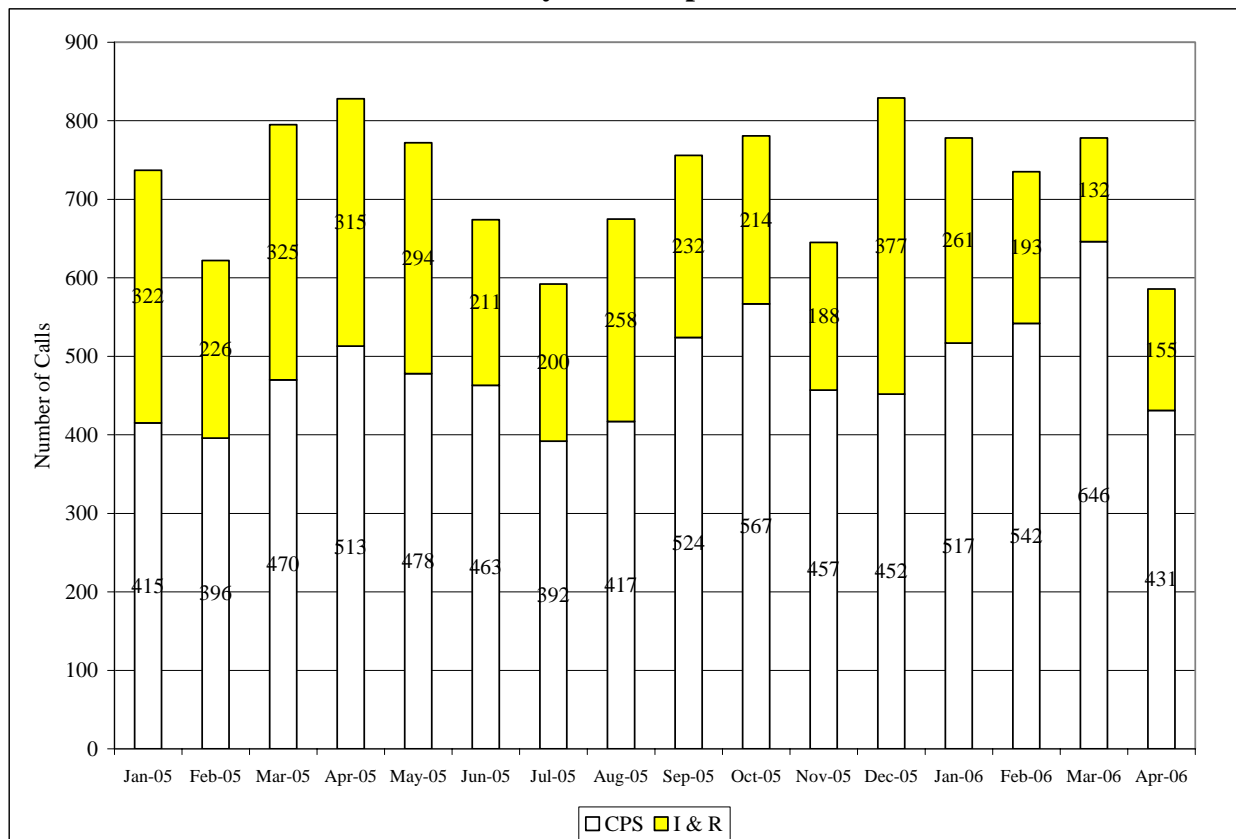
Calls to the Hotline

The District of Columbia's child welfare agency is responsible for accepting all calls from mandated and community reporters related to allegations of child abuse and neglect. In responding to these calls, CFSA must conduct timely and high quality investigations and assessments and make sound decisions regarding the safety of children. CFSA and the MPD conduct joint investigations when there are concerns of abuse or severe neglect.

Figure 1 shows the number of calls the Child Abuse and Neglect Hotline received between July 2004 and April 2006. In April 2006, the Agency received 431 calls of alleged abuse or neglect (CPS) and 155 calls for information and referral (I&R). Of the 431 calls alleging abuse or

neglect, 47 were screened out.⁵ As evidence of CFSA's growing internal capacity for quality assurance and monitoring, it recently conducted an assessment of the calls classified as information and referral. The assessment looked at a sample of 100 information and referral calls received in November 2005 and found the vast majority were appropriately handled by the Hotline staff. Of the 100 calls, 92 (92%) were found to appropriately categorized. There were 6 (6%) calls that were found to have been inappropriately categorized as information and referral. These calls should have been identified as reports of abuse and neglect.

**Figure 1: Calls to the CFSA Child Abuse and Neglect Hotline
Reports of Child Maltreatment (CPS) and Information & Referral (I&R)
January 2005 – April 2006**



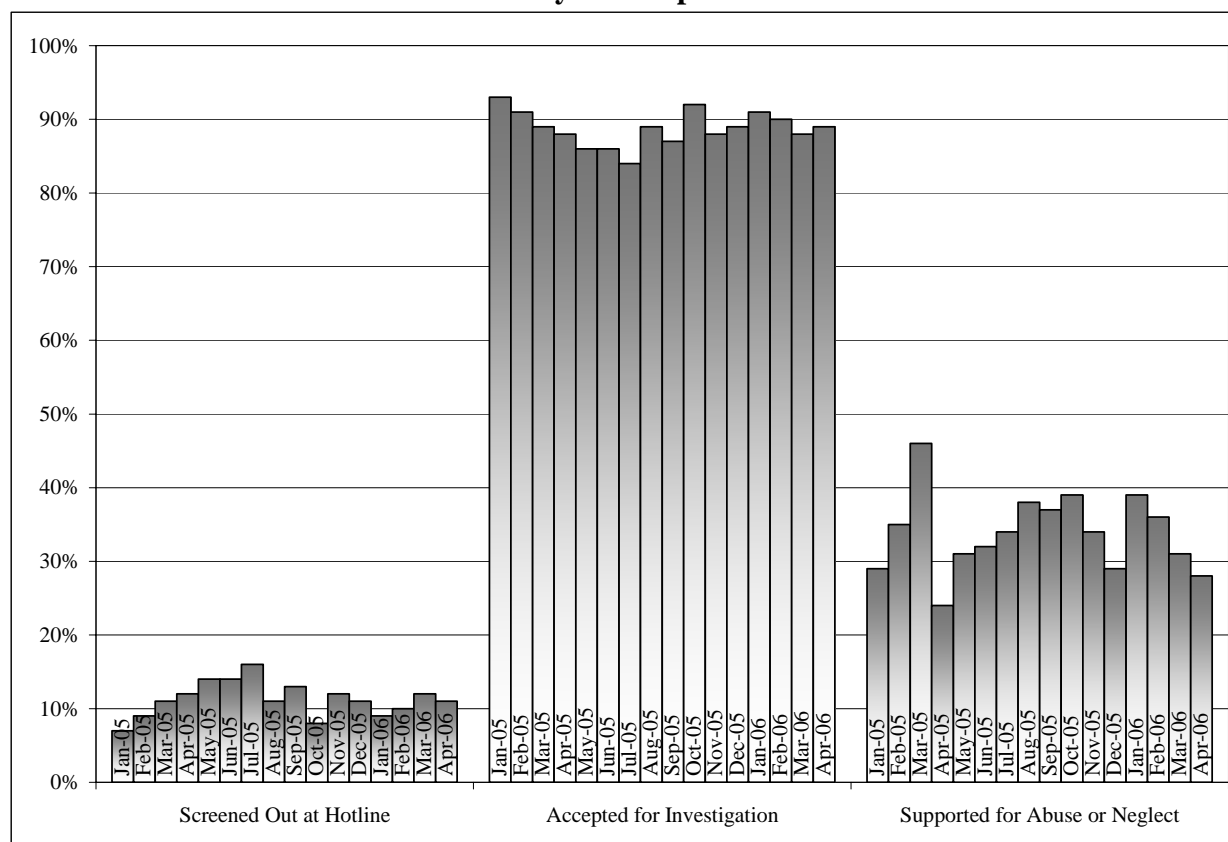
Source: CFSA monthly administrative data.

Figure 2 below provides monthly data on the percentage of calls that are accepted for investigation and those screened out at the Hotline, as well as the percentage of investigations that are substantiated (determined to be true) for abuse or neglect following an investigation. As Figure 2 illustrates, approximately 28% of District child abuse and neglect investigations are substantiated, a pattern that is consistent with national data regarding substantiation of child maltreatment.

⁵ Screened out calls include those calls in which multiple calls are received for an allegation that was already accepted for investigation during a given month or when calls are received regarding persons in need of services (PINS).

Of the 431 CPS calls to the Hotline in April 2006, 384 (89%) were accepted for investigation. Of these 384 calls, 362 were accepted as new investigations, 22 involved families in which an investigation was already open. Of the 384 new cases accepted for investigation, 205 (53%) alleged neglect and 178 (46%) alleged physical or sexual abuse (2 of these cases involved child fatalities); the disposition of one investigation was pending, that is awaiting supervisory approval as of April 30, 2006.

Figure 2: Disposition of Hotline Reports of Abuse or Neglect*
January 2005-April 2006



Source: CFSA monthly administrative data.

*Does not include information and referral calls. Investigations are required to be completed within 30 days. All calls to the Hotline during a particular month may or may not be completed by the end of that calendar month.

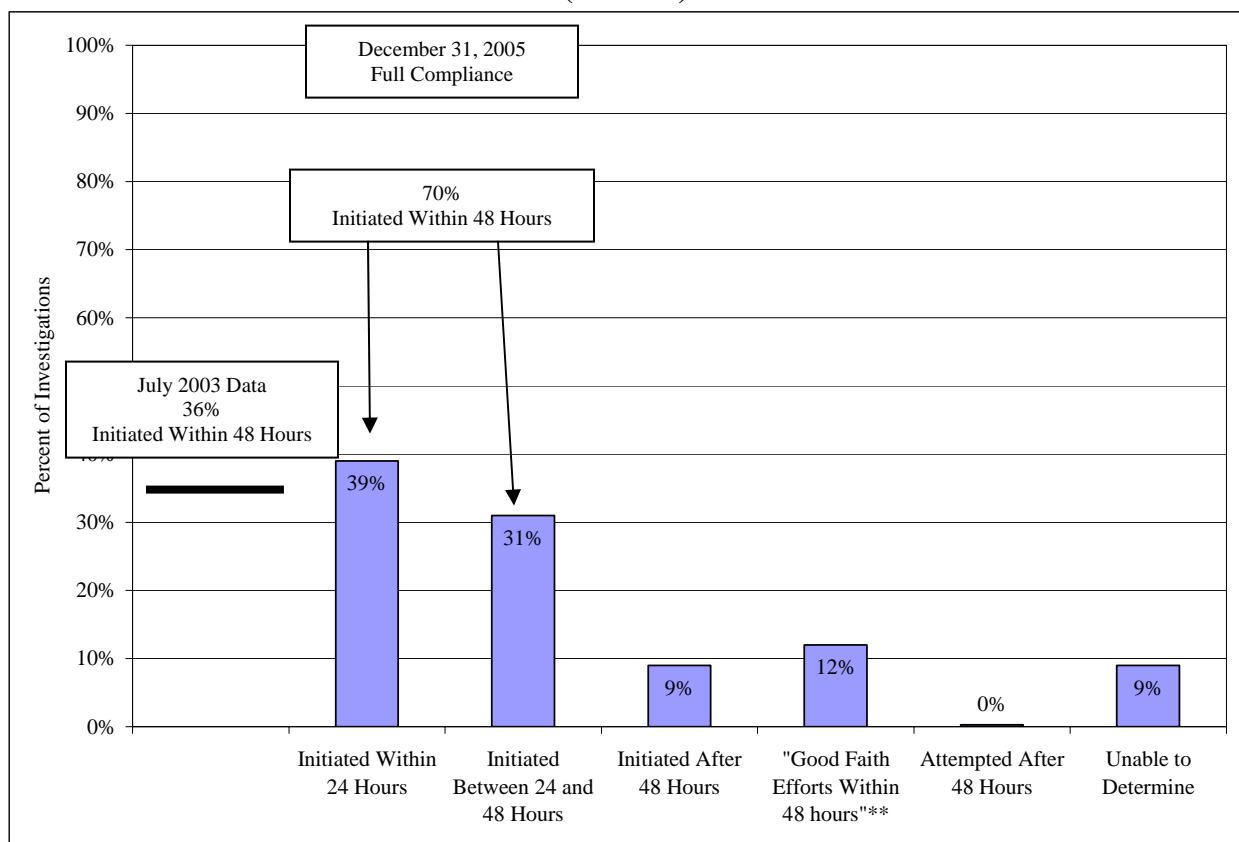
Initiation and Completion of Investigations

The LaShawn Implementation Plan requires full compliance by December 31, 2005 that CFSA will initiate investigations within 48 hours. “Initiation” is defined as a face-to-face contact between a worker and the child out of the presence of the caretaker alleged to have abused or neglected the child or that the worker has made documented good faith efforts to see the child but has been unable to locate the child. Of the 362 new investigations accepted in April 2006, 253 (70%) had a face-to-face contact within 48 hours. Thirty-two investigations (9%) had a face-to-face contact after 48 hours. Thirty-two cases (9%) had no documented start date in FACES by the end of the reporting period, meaning no documented contact in that month. CFSA’s data system also captures information about attempted face-to-face contacts during an investigation and categorizes these attempts as good faith efforts (as allowed in the LaShawn

Modified Final Order). In April, CFSA reports it attempted to initiate the investigation within 48 hours in 44 (12%) of the 362 cases. The definition of “good faith effort” is subject to interpretation and the Monitor and CFSA are working to reach agreement on acceptable criteria for determining good faith efforts. The Monitor recently conducted an independent case record review of cases closed in investigations in June 2005, which found that 77% of investigations were initiated or good faith efforts were made to initiate within 48 hours. (See Figure 3.) This compares with a finding by the Monitor in July 2003 that only 36% of investigations were initiated within 48 hours.

There has been some recent decline in the percentage of investigations initiated within 24 hours, as required by District of Columbia law. In July 2005, CFSA initiated 57% of its investigations within 24 hours and in April 2006, 39% of investigations were initiated within 24 hours.

**Figure 3: Percentage of Investigations Initiated Within 24 and 48 Hours
as of April 30, 2006
(N=362*)**



Source: CFSA administrative data

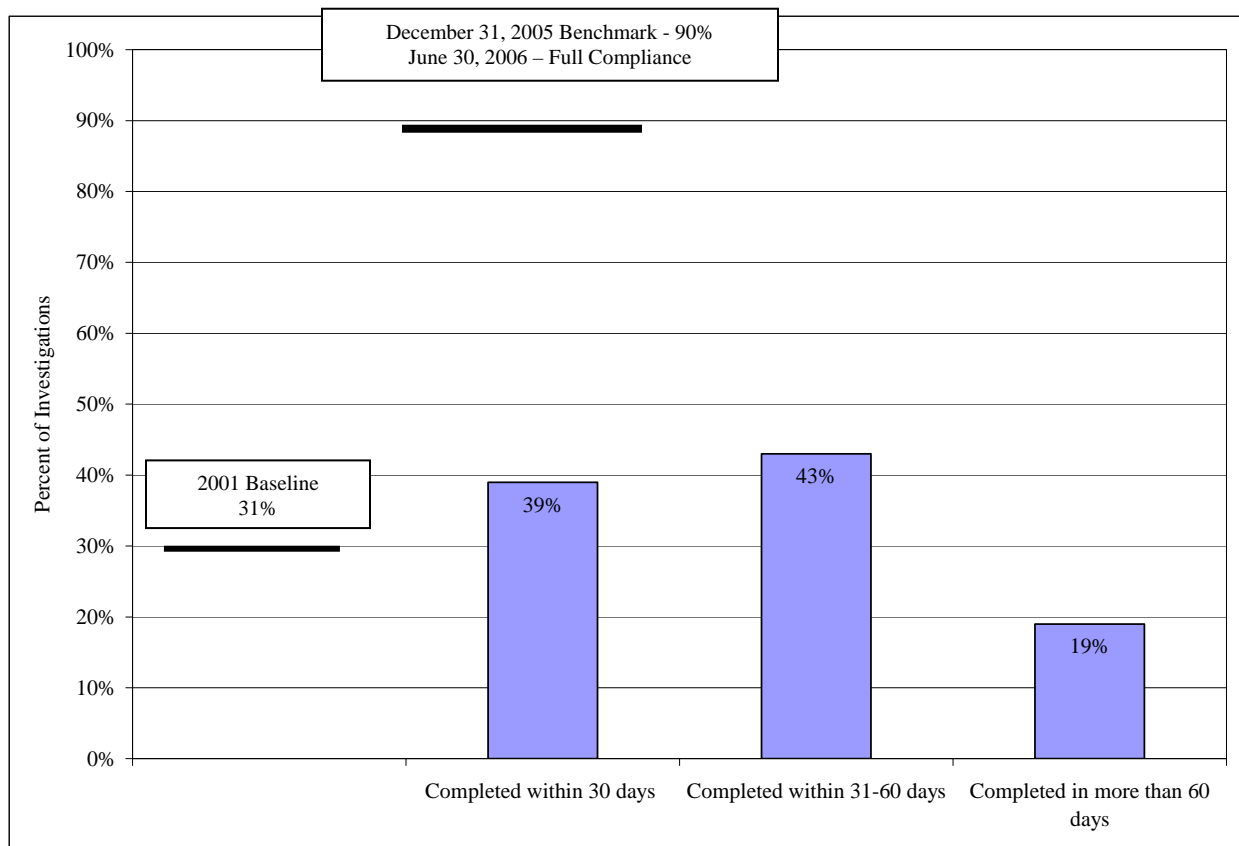
*Reports of abuse and neglect initiated during the month of April 2006

** CFSA defines good faith efforts as any attempted contact with the family or other collateral person related to the investigation. This definition is quite broad and is under negotiation with the Monitor.

The *LaShawn* Implementation Plan requires as of December 31, 2005, 90% of investigations are to be completed within 30 days and that by June 30, 2006, full compliance will be achieved. CFSA completed 505 investigations in April 2006. Of these 505 completed investigations, 195

(39%) were completed within 30 days, 216 (43%) were completed between 31 and 60 days. A total of 82% investigations were completed within 60 days. Ninety-four (19%) investigations were completed in more than 61 days. (See Figure 4.) Performance in this area has also improved from 2001. In May 2001, 27% of the neglect investigations and 4% of the abuse investigations were completed within 30 days; 17% of neglect investigations and 4% of abuse investigations were completed within 31 to 60 days and 19% of neglect investigations and 14% of abuse investigations were completed in 60 days or greater; at the time of that review, the Monitor was unable, due to poor record keeping, to determine completion for 37% of neglect investigations and 78% of abuse investigations.

**Figure 4: Percentage of All Open Investigations Completed Within 30 Days
as of April 30, 2006
(N=505)**

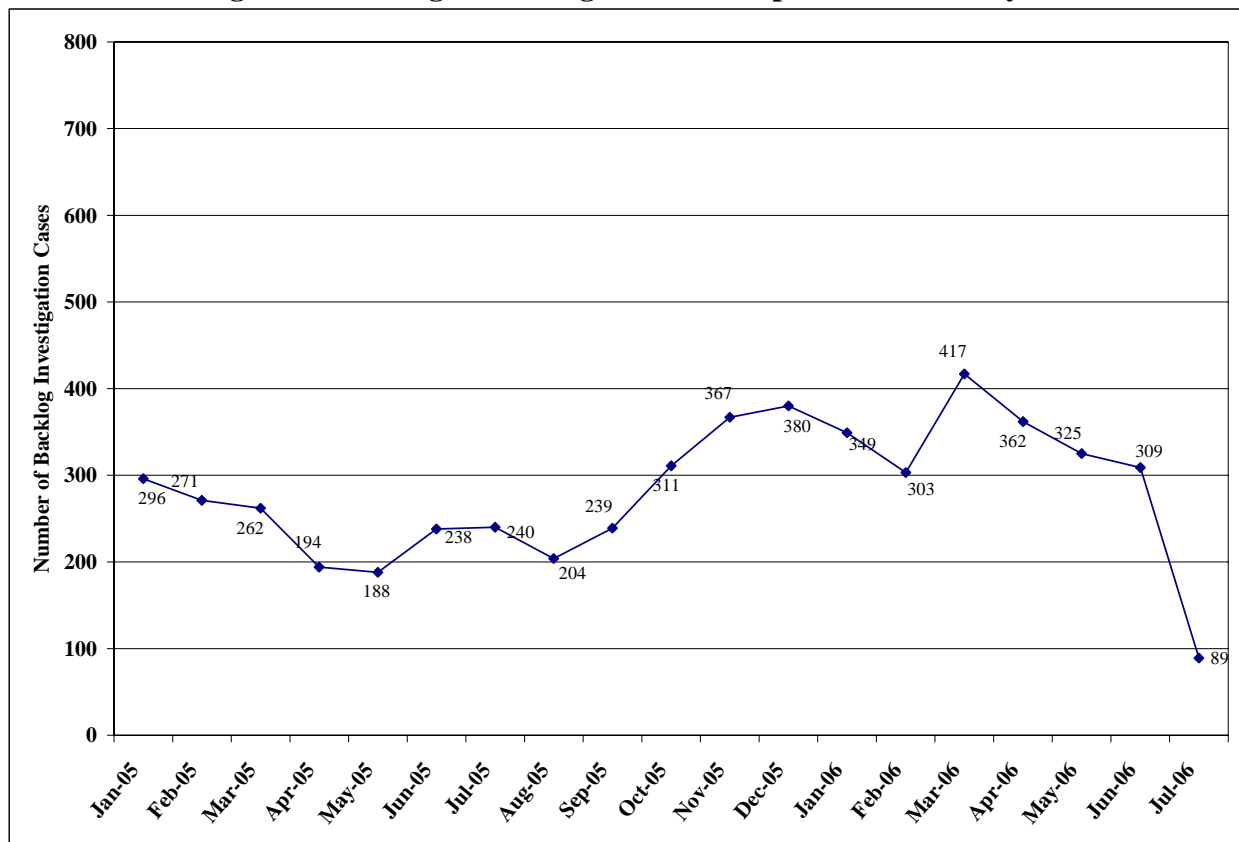


Source: CFSA administrative data.

Investigations Backlog

Figure 5 shows trend data for the number of incomplete investigations each month that are considered in a backlog because more than 30 days have elapsed. In June 2004, this number had risen to 685 cases. Since then, it has been on a downward path with 89 investigations incomplete after 30 days on July 17, 2006.

Figure 5: Backlog of Investigations Incomplete After 30 Days*



Source: CFSA administrative data

* Data represents the “high point” of investigations in the backlog each month. Data for July are as of July 17, 2006.

The *LaShawn* Implementation Plan requires that as of June 30, 2006, CFSA will be in full compliance with completing investigations within 30 days. CFSA continues to work hard to reduce the backlog of investigations and has engaged staff in producing results and celebrating the recent accomplishments.

At the present time, nine investigative workers remain on extended medical or personal leave and there are four social worker vacancies and one supervisory vacancy in investigations. Identified candidates with start dates have been identified for two of the vacancies; recruitment is on-going for the others. CFSA must continue to prioritize ensuring adequate staffing in the Intake and Investigations Administration. The Monitor remains concerned that any vacancies, coupled with the high number of staff on medical or extended, leave puts a strain on the other staff in the investigations unit, insofar as those remaining on duty have higher caseloads than if the units were fully staffed. CFSA reports that as of June 30, 2006, the number of investigators with caseloads above the standard had dropped to nine workers. CFSA credits this improvement to the reduction in the backlog. Importantly, by the fall, CFSA plans to create a new assessment unit with five additional workers and a supervisor to provide services and supports to low risk families that come to the attention of the Agency.

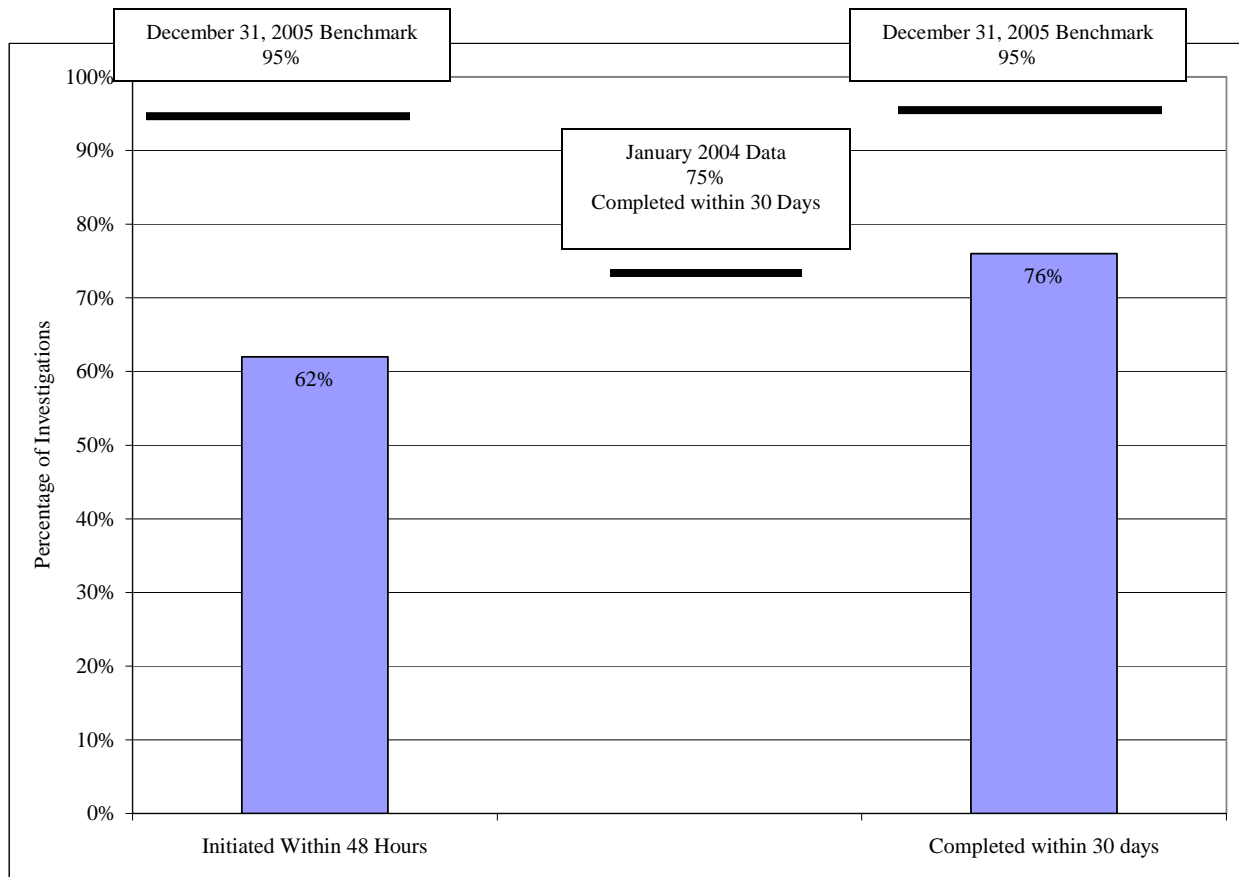
Institutional Investigations

CFSA's policies require the investigation of allegations of institutional abuse (those allegations occurring in congregate care, foster homes and day care centers) in accordance with the same investigations timeframes and policies as non-institutional cases. The LaShawn Implementation Plan requires that as of December 31, 2005, 95% of institutional investigations will be investigated in accordance with investigation timeframes and policies – to initiate cases within 48 hours⁶ and to complete them within 30 days. In April 2006, there were 21 cases of alleged institutional abuse. Of these 21 cases, 13 cases (62%) were initiated within 48 hours. An additional 3 cases were attempted within 48 hours. In April 2006, there were 21 cases closed within the month. Of these 21 cases, 16 (76%) were closed in 30 days, 3 (14%) were closed in 31 to 60 days and 2 cases (10%) were closed in over 61 days. (See Figure 6.) This is roughly the same level of performance as a January 2004 finding by the Monitor that 75% of institutional investigations were completed within 30 days.

There are inherent challenges to completing institutional abuse investigations within 30 days given the larger number of individuals to be interviewed in some settings such as congregate care facilities and day care centers. CFSA has instituted strategies to address this issue to include reducing the caseload to seven investigators per worker in the unit handling institutional cases and increasing supervisory support. Additionally, CFSA has developed the capacity to initiate these investigations during weekend hours as necessary.

⁶ District law now requires initiation within 24 hours.

**Figure 6: Completion of Institutional Investigations
as of April 30, 2006
(N=21)**



Source: CFSA administrative data

Checks for Prior Reports of Abuse or Neglect

CFSA's data management system, FACES, performs a 100% check of prior history of child abuse or neglect every time an individual's identifying information is added to the database. The Monitor recently completed a case record review of investigations completed during June 2005. Through the case record review, the Monitor assessed if Hotline workers and intake social workers are documenting their review of the automatic check and the degree to which they incorporate information and concerns from the previous reports into their current work. As noted in the Monitor's February 7, 2006 report, *An Assessment of the Quality of Child Protective Services Investigations in the District of Columbia*, 90% of investigations included narrative documentation that the Hotline worker or the Investigation worker reviewed the FACES check of the prior history with CFSA.⁷

Quality of Child Maltreatment Investigations

CFSA is responsible for conducting investigations of alleged child abuse and neglect that are comprehensive and of high quality. The LaShawn Implementation Plan and CFSA policy require

⁷ *An Assessment of the Quality of Child Protective Services Investigations in the District of Columbia*. February 7, 2006. Center for the Study of Social Policy.

that quality investigations minimally include a) evidence of the use of a risk assessment protocol, b) a full and systematic analysis of the family's situation and factors placing the child at risk, and c) appropriate interviews with all children in the household outside the presence of the caretakers, parents, caregivers and needed collateral contacts.

The results of the Monitor's most recent case record review on protective services at CFSA are available in the February 7, 2006 report on child protective services investigations. This review looked at investigations closed in June 2005. In general, the Monitor found that the majority of cases reviewed did not meet all of the quality standards – 46 (34%) of the 134 investigations reviewed were determined to be thorough, comprehensive and of quality; 88 (66%) were not found to be high quality investigations. In a secondary analysis of the 46 quality investigations, 17 (13%) included all five of the required core contacts with collaterals (e.g. teachers, doctors, members of the household).⁸

As noted below in the discussion of specialized pool of resources available to investigators, CFSA has worked to improve the quality investigations through the provision of additional clinical professionals to assist with children and families affected by substance abuse, domestic violence and medical needs.

Specialized Pool of Resources

The LaShawn Implementation Plan requires the development of a specialized pool of medical and mental health resources to be available as part of the investigation. CFSA has created the Office of Clinical Practice (OCP) with resources available in part to meet this requirement. OCP includes a pediatrician, seven nurses, substance abuse specialists and domestic violence specialists. These clinicians are available to social workers as part of the investigative process for consultation, assessment and information gathering and for making referrals to providers in the community to meet the specialized needs of children and families who are the subject of an investigation. Two nurses and two substance abuse specialists dedicated to the Intake and Investigations Administration also accompany social workers to the field as needed. CFSA reports that the impact of these additional resources on early identification of need for and access to resources has been significant and is helping to improve the quality of investigations. A supervisory social worker from OCP's Clinical Support Services Administration is also available to CPS staff for case consultation as needed.

CFSA reports that during FY 2005 the substance abuse specialist responded to 362 referrals and the domestic violence specialist responded to 178 referrals. The substance abuse specialist also participated in 15 clinical staffings and attended 35 Family Team Meetings (FTM), most of which involved children at risk of removal. Notably, the substance abuse specialist received 70 requests to participate in an FTM.

In May 2006 with a Memorandum of Understanding between CFSA and the District's Addiction, Prevention and Recovery Administration and special federal funding, CFSA contracted with two clinicians for a one-year period to serve as Child Protective Central Intake Specialists. The

⁸ *An Assessment of the Quality of Child Protective Services Investigations in the District of Columbia*. February 7, 2006. Center for the Study of Social Policy.

clinicians are jointly supervised by APRA and OCP staff. During the month of May, the clinicians received and responded to 24 referrals.

Child Fatality Reviews

Within 45 days of any child's death, CFSA is expected to comprehensively review cases of children currently known to the agency or known within four years prior to their death to identify systemic issues that may have contributed to the child's death. An internal child fatality committee at CFSA regularly gathers information and reviews cases to determine what Agency level action can be taken to avert deaths in the future. This committee also prepares information for the District's City-wide Child Fatality Review Committee, which examines interagency issues related to child fatalities. Both committees have external stakeholder participation. CFSA's child fatality review committee includes Quality Improvement staff, the worker, supervisor and manager who had case responsibility for the deceased child or family, representation from the City-wide committee, a community representative and staff of the Monitor.

In some cases, typically involving children and youth who are no longer served by CFSA, CFSA and the City-Wide Child Fatality Review Committee are not notified by the Medical Examiner's Office until months after the child's death and thus cannot meet the 45-day requirement. As of May 1, 2006, CFSA was notified of 51 child deaths in 2005. This is a reduction in the number of deaths from 2004 when 59 children known to the Agency within the past four years died. Data are not comparable to earlier years as the identification and notification procedures have been improving each year. As of June 15, 2006 CFSA had not yet comprehensively reviewed 15 cases of children who died in 2005. Thirteen (13) cases of children who died in 2006 were reviewed in a timely manner, however, an additional 25 cases from 2006 are pending review, and 15 of which are beyond 45 days. Table 1 below provides information on the manner of death of each child who died in 2005.

**Table 1: Children Involved with CFSA at Any Point Between 2000 and 2005
Who Died in Calendar Year 2005 as of May 1, 2006**

Manner of death*:	Violent Homicide (not abuse)	Natural Cause	Pending	Suicide	Accident	Abuse Homicide	Not Determined**	Total
Age								
<24 months	0	10	7	0	1	2	3	23
2-6 yrs.	0	1	0	0	0	0	0	1
7-12 yrs.	1	1	2	0	0	0	0	4
13-16 yrs.	4	1	1	1	2	0	0	9
17+ yrs.	9	0	2	0	3	0	0	14
Gender								
Male	12	10	7	1	5	1	1	38
Female	2	3	5	0	1	1	2	13
Race								
African-American	14	12	12	1	6	2	3	50
Hispanic/Latino	0	1	0	0	0	0	0	1
Caucasian	0	0	0	0	0	0	0	0
Status with CFSA at Time of Death								
Closed case	9	7	8	0	4	0	1	29
Active case	3	5	3	1	2	2	1	17
Prior/referral (closed at hotline)	2	1	1	0	0	0	1	5
Placement Status at Time of Death								
Not applicable	11	8	8	0	4	0	2	33
In home	0	3	3	1	1	2	0	11
Foster home	3	2	1	0	1	0	1	7
Total (Manner of Death)	14 (27%)	13 (25 %)	12 (24%)	1 (2%)	6 (12%)	2 (3%)	3 (6%)	51

*Information from Medical Examiner or CFRC as of May 1, 2006

**The Medical Examiner issued an autopsy report but was unable to determine the cause of death.

4. Summary of Protective Services Benchmarks

Protective Services Requirement	Current Benchmark ⁹	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
24-Hour System	Full Compliance	Achieved	No Change/Achieved
Computer Entry of Reports	Full Compliance	Achieved	No Change/Achieved
Child Fatality Review	Full Compliance	Two child fatality committees operate in the District – one for internal CFSA review and one for city-wide review	No Change/Achieved
Specialized Resources (e.g. nurses, psychologists, etc)	Full Compliance	CFSA has developed the Office of Clinical Practice (OCP) with specialized capacity to meet the needs of children	No Change/Achieved
Prior Reports Check	Full compliance	FACES completes a 100% check of prior reports 90% of investigations include narrative documentation of worker review of FACES for prior history with CFSA	No Change/Achieved
Benchmarks Not Achieved			
Investigation Initiation	Full Compliance	70% initiated within 48 hours 9% initiated after 48 hours 12% good faith effort made to initiate within 48 hours 9% unable to determine	No Change

⁹ Current Benchmark is the LaShawn Implementation Plan Benchmark with which CFSA must currently be complying. Typically these are either June 2005 or December 2005 Benchmarks.

Protective Services Requirement	Current Benchmark ⁹	Status as of April 30, 2006	Direction of Change
Benchmarks Not Achieved			
Investigation Completion	90%	39% completed within 30 days 43% completed within 31-60 days 19% completed in more than 60 days	No Change
Quality of Investigations	80%	34% investigations rated high quality (See February 7, 2006 CSSP Report on Quality of Investigations)	Not Comparably Measured in Prior Periods
Institutional Investigations	95%	62% initiated within 48 hours 76% completed within 30 days	Improved ↑

5. Areas for Intensified Action

Protective services performance does not meet expectations particularly in the area of consistently ensuring high quality investigations practice. While the Monitor has found that CFSA's investigative practice does ensure the safety of children who are the subject of an investigation, the Intake and Investigations staff do not consistently engage the family or obtain essential information such as medical and mental health histories, provide comprehensive assessment of family needs or develop the initial team needed to create the connection between the investigation and the on-going work with the family.

The Monitor's February report, *An Assessment of the Quality of Child Protective Services Investigations in the District of Columbia*, found a mixed picture of the quality of the District's protective services practices. While workers are completing safety and risk assessments, the case record reviewers found 66% of the investigations sampled were not sufficiently thorough or comprehensive and thus frequently did not provide a sufficient understanding of the issues for future case planning. Timeliness of investigations has improved from the 1200 backlogged cases in 1990, yet still remains an issue with 128 cases in the backlog as of July 7, 2006.

Caseloads for investigators remain too high (9 of 48 workers with caseloads above the required 12 cases as of June 30, 2006) and the level of extended absences by assigned workers has impacted CFSA's ability to achieve the investigation benchmarks. Nine investigative workers remain on extended medical or personal leave and there are four worker vacancies in the recruitment process.

CFSA reports it has made changes in the management process of Intake and Investigations to include distributing incoming cases to workers every other day rather than daily to assist them in balancing the need to initiate cases in a timely fashion as well as close other cases. A "screening panel" has been convened and meets twice daily to review screening decisions at the Hotline. CFSA has also developed a Collaborative Liaison Office to ensure that low and moderate risk families being referred to the Collaboratives are provided with timely service delivery.

Ensuring the medical and mental health needs of children are met during the investigation is another area for improvement. Social workers are not consistently gathering the necessary information from physicians or other clinicians regarding the health and mental health status of children. Few children who are the subject of a substantiated investigation are receiving a medical evaluation within 48 hours.

Leadership within Intake and Investigations has changed frequently as CFSA has tried to implement comprehensive practice improvements in this area. There have been several consultants who helped improve operations, but the Agency has been less successful in either fully implementing the recommendations or in sustaining the advancements. While important systemic changes have been made such as the merger of responsibility for abuse and neglect, the development of a functional Hotline, the use of structured decision making and collecting and managing with data, additional improvements must be completed and sustained with improved, less crisis oriented and more consistent supervision to achieve high quality investigative practice.

B. Services to Children and Families

1. Historical Perspective

The testimony at the LaShawn trial documented that families were not receiving the community supports they required. This resulted in children being placed in substitute care and remaining in care much longer than necessary, as there were few front-end prevention/intervention services. According to the data available in 1990, only 29% of families with substantiated child maltreatment reports received any services for the problems identified during an investigation. Additionally, only 23% of children who entered foster care had received services to prevent placement. The testimony at trial concluded that the lack of community services to prevent placement and to reunify families was not due to the lack of funding as a significant amount of additional funding could have been made available through federal funds, which were not being accessed for these services. For children in foster care, the service array in the early 1990's was limited in scope and often unable to address their special needs.

2. Systemic Agency Changes

CFSA has made great strides in developing a service array designed to meet the needs of children and families. Historically, the availability of psychological and psychiatric resources in the District has been limited, and over several years, CFSA has been working in concert with District agencies to develop sufficient mental health services for children and families. CFSA has partnered with the Department of Mental Health (DMH) to augment mental health services to children in foster and adoptive care while the DMH simultaneously tries to build an effective mental health system of care for all children and families. DMH developed an Access Help Line, which is designed to facilitate families' access to crisis stabilization, therapy, in-home supports, and other mental health services. Additionally, CFSA continues to purchase or directly arrange for mental health services for some children as the DMH system does not have adequate capacity to meet the specialized needs of all children in foster care.

CFSA created an Office of Clinical Practice (OCP) to provide in-house clinical expertise to social workers on health care, mental health, substance abuse, and domestic violence, among other issues. OCP is staffed by a pediatric physician, two psychologists, seven nurses, and clinical specialists. These professionals bring a range of expertise to case planning activities and to the development, coordination and monitoring of tutoring, mentoring, day care, and other contracted services.

Leaders within the Agency and the District have taken steps to increase capacity to serve families with substance abuse problems. A Family Drug Treatment Court has been developed at D.C. Superior Court to provide substance abuse treatment for mothers who reside with their children in a supervised environment. CFSA, Addiction Prevention and Recovery Administration (APRA), the District's substance abuse agency, and the Family Court have collaborated to develop a strategic plan for improving substance abuse services to children and families. Representatives from each agency have formed the Family Recovery and Accountability Team (FRAT) in order to formally solidify a multi-system planning effort to identify and bridge service gaps. There are also four independent advisory groups, two of which (the fiscal and practice

groups) are focusing on substance abuse issues relevant to children and families. The FY 2005 plan designates each agency's responsibilities and outlines the FRAT team's objectives over the next two fiscal years. The Practice Issues Advisory Group has achieved its short-term objective to support the placement of two contracted staff who provide clinical support and consultation to CFSA when parental substance abuse is substantiated or adolescent substance abuse is suspected. Located in the Child Protective Services Administration, the positions are under the joint direction of CFSA and APRA, and staff are in place. Work continues to identify funding sources to maintain these resources after the one-time federal funds expire.

In FY 2005, in collaboration with The Community Partnership for the Prevention of Homelessness (TCP), CFSA and the Healthy Families/ Thriving Communities Collaboratives implemented the Rapid Housing Program, which is based on the Community Care Grant model. Rapid Housing provides housing resources and support to families with children at risk of foster care placement due to housing issues and to families when the primary barrier to reunification is a lack of housing. Rapid Housing also provides support services to youth who are aging out of foster care and transitioning to independent living and adulthood. The program offers short term financial assistance with rent and other move-in costs, utilities, furniture, support services, budget planning and credit counseling. CFSA funds the program with up to \$5000 per family or up to \$4000 to a single youth with no children, TCP administers it, and the Community Collaboratives deliver the housing support services to families and youth in their catchment areas.

At the time the Rapid Housing program was created, there were 88 families (231 children) on the Family Unification Program wait list. According to the cost of care methodology that CFSA used in its 2005 housing publication, *Housing: A Risk Factor in Abuse and Neglect*, every dollar invested in housing assistance, to either prevent a removal from the home or facilitate a reunification following a child's stay in foster care, saves the district five dollars in foster care services. The Rapid Housing budget for FY 2006 is \$625,000. From October 1, 2005 through March 31, 2006, the program served 58 families including 191 children. Additionally, 63 transitioning youth, 17 of whom were teen parents, have been served in 2006. There is no waiting list for the program, but CFSA will likely spend its entire Rapid Housing allocation by the end of July 2006.

To provide neighborhood-based, family-focused services, the District has supported the development of the seven Healthy Families/Thriving Communities Collaboratives to offer community-based services for at-risk families and help maintain children in their homes. The Collaboratives provide support to families who are diverted from the child welfare system during an investigation and to families receiving ongoing CFSA services who require service linkages, facilitation of family visits and assistance to foster and kinship families in accessing community-based supports. The Collaboratives also provide aftercare support to young adults who are exiting from the child welfare system. Each Collaborative has also developed and independently operates a range of prevention services and supports for families in their neighborhoods that go beyond their relationship with and funding support from CFSA.

CFSA recently approved a Flexible Funds Policy to support individualized service delivery. With more easily accessible funds, social workers should be able to provide, purchase, or arrange

for timely individualized services or goods families may need. Flexible funds are intended to fill in service gaps or address unanticipated needs of children and families, or in support of kinship caregivers seeking to secure or maintain licensure. Flexible funds can be used for a host of services and supports, including rental assistance, home repair, lead abatement, job training, furniture, educational assistance, and intensive home-based services. To facilitate timely and appropriate flexible fund expenditures, an approval process is in place and credit cards have been issued to the CFSA Director, Deputy Directors and Program Administrators for immediate access to funds. The Monitor is awaiting an update from CFSA on the amount of budgeted funds for flexible funding in FY 2006 and proposed for FY 2007.

Changes to the In-home Service Model

CFSA has recently shifted its practice to assign social workers to either in-home or out-of-home cases. Formerly, social workers carried a mixed caseload of both in-home and out-of-home cases. There was concern within the Agency that families where children remain at home with safety plans were receiving less attention in mixed caseloads due to the demands of foster care cases. The new model is designed to enable social workers to specialize in either those cases where children are at home with a parent(s) or cases with children in foster care. CFSA social workers in in-home units will focus exclusively on intact families receiving services and will be geographically assigned and possibly out-stationed to work with families in particular Wards in the District. It is expected that these workers will become knowledgeable about the neighborhoods, schools and community-based resources within their assigned Wards.

CFSA has also refined how families will receive services based on assessed risk level. In some cases a child protective social worker and supervisor may determine during the investigation that there is a low or moderate level of risk of harm to a child in a family based on a tested Structured Decision-Making™ tool. These families will be referred to a Collaborative for needed community-based services and case management. Families in the high to intensive risk levels will be referred to a CFSA social worker for on-going in-home services. Negotiations are currently underway with the Collaboratives to develop and implement this new design, which includes clear protocols for reporting back to CFSA if the risk level elevates.

The FY07 budget now before Congress, provides an additional \$2.8 million for community services over the \$11.9 million base budget. One million dollars is targeted for new preventive services and \$1.8 million is targeted for additional support for the Collaboratives. An additional \$646,000 is provided to the city-wide Collaborative Council for its work on coordination, capacity-building, quality assurance and evaluation.

3. Benchmark Progress

Demographics

As of April 30, 2006, 1407 families with 2539 children were receiving in-home services as a result of a substantiated report of neglect or abuse and a determination that some or all of the children could safely remain at home. The number of families receiving in-home services from CFSA has declined since December 2005, when 1468 families with 2690 children were receiving in-home services.

Qualitative Measures of Provision of Services to Stabilize Children

In order to answer the questions of whether children/families are receiving appropriate services to 1) enable children to avoid placement and remain safely in their homes; 2) enable children who have been returned from foster care to parents or relatives to remain with those family members and avoid replacement; and 3) avoid the disruption of a foster care placement or adoptive placement that has not been finalized, the Monitor uses results from the Quality Service Reviews (QSR). The number of cases reviewed is not a representative sample. However, results from each case provide specific examples of strengths and needs of the system and provide a snapshot of current practice on behalf of children and families. For each case, reviewers report on how well the actions, timelines, and resources planned are being implemented to help the parent/family meet conditions necessary for safety, permanency, and safe case closure. Results from both the fall 2005 and spring 2006 QSR are used to determine Agency performance as appropriate.

Enabling Children to Remain Safely in Their Homes

The LaShawn Implementation Plan requires that by December 31, 2005, in 80% of applicable cases, children/families who have been the subject of a substantiated abuse/neglect report will receive appropriate services to enable children to avoid placement and remain safely in their homes. Results from the May 2006 Quality Service Review indicate that in 31% (9 of 29) of the applicable cases reviewed children received appropriate services to avoid placement.

Preventing Re-placement in Foster Care

The LaShawn Implementation Plan requires that by December 31, 2005, in 80% of cases (full compliance by December 31, 2006), children/families receive services to enable children who have been returned from foster care to parents or relatives to remain with those family members and avoid replacement in foster care. Results from the May 2006 Quality Service Review indicate that in 64% (7 of 11) of the applicable cases reviewed children received appropriate services to avoid replacement in foster care.

Avoiding Placement Disruption

The LaShawn Implementation Plan requires by December 31, 2005 that in 80% of applicable cases, appropriate services, including all services identified in the case plan, will be offered for the purpose of avoiding the disruption of a foster care placement or adoptive placement that has not been finalized. Limited data are available to assess this measure. Results of the Quality Service Review conducted in the fall of 2005 indicate that in 8 of 11 (73%) applicable cases, appropriate services were provided to prevent the disruption of an adoptive placement. In 6 of 9 (67%) applicable cases reviewed, appropriate services were provided to prevent the disruption of a foster care placement, where the placement was considered a long-term placement for the child. The nine children in this review had a permanency goal of either APPLA or guardianship.

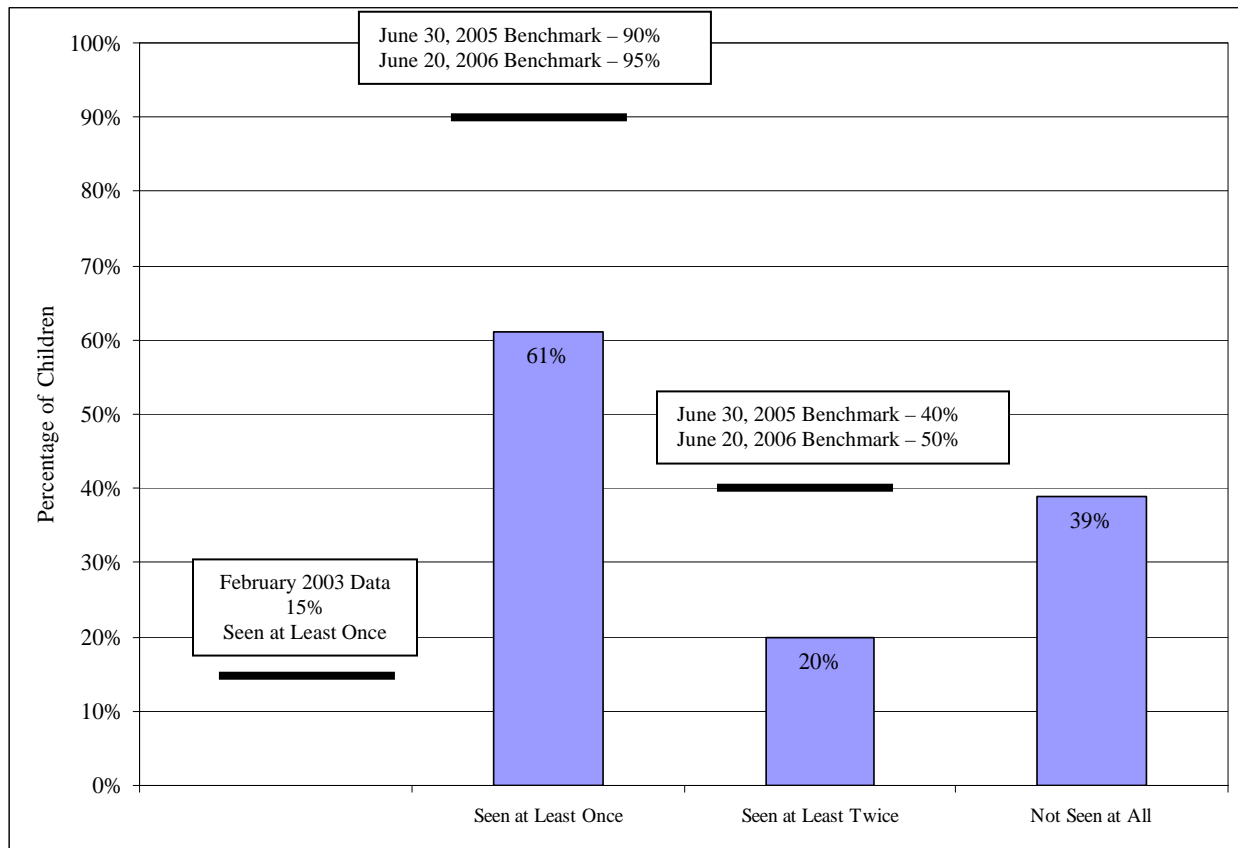
CFSA has increased the availability of post permanency services, including creation of a post permanency unit, contracting with the Adoption Resource Center, and expanding the array of specialized services available to adoptive parents and guardians.

Visitation to Families with In-home Cases

The LaShawn Implementation Plan requires by June 30, 2005, that a CFSA worker, or a qualified worker from a service provider authorized by CFSA, visit families in which there has been a substantiated abuse or neglect report, and a decision that children can be safely maintained in the home with services, at least monthly in 90% of cases and twice monthly in 40% of cases. This requirement increases on June 30, 2006 to 95% of cases monthly and 50% of cases twice monthly. As illustrated in Figure 7 below, during April 2006, 61% of children were visited at least once a month and 20% were seen at least twice a month by the CFSA or private agency social worker. Thirty-nine percent of children were not seen at all during the month of April 2006. When reviewing the data at the family level rather than by individual child, 67% of families received at least one visit during April. The percentage of children visited once a month is a significant improvement from February 2003 when the Monitor found that 15% of children had been visited once during the month.

Performance on this measure is actually higher than is captured by CFSA's administrative data since in some cases, other service providers not identified in FACES are visiting families as allowed by the LaShawn Implementation Plan. CFSA is working to develop a defined list of other appropriate service providers, a protocol for how the service providers are to interact with the family to include responsibilities, a training plan and a tracking mechanism to more completely determine how this requirement will be met. It is also expected that visitation performance will improve with the establishment of in-home caseloads.

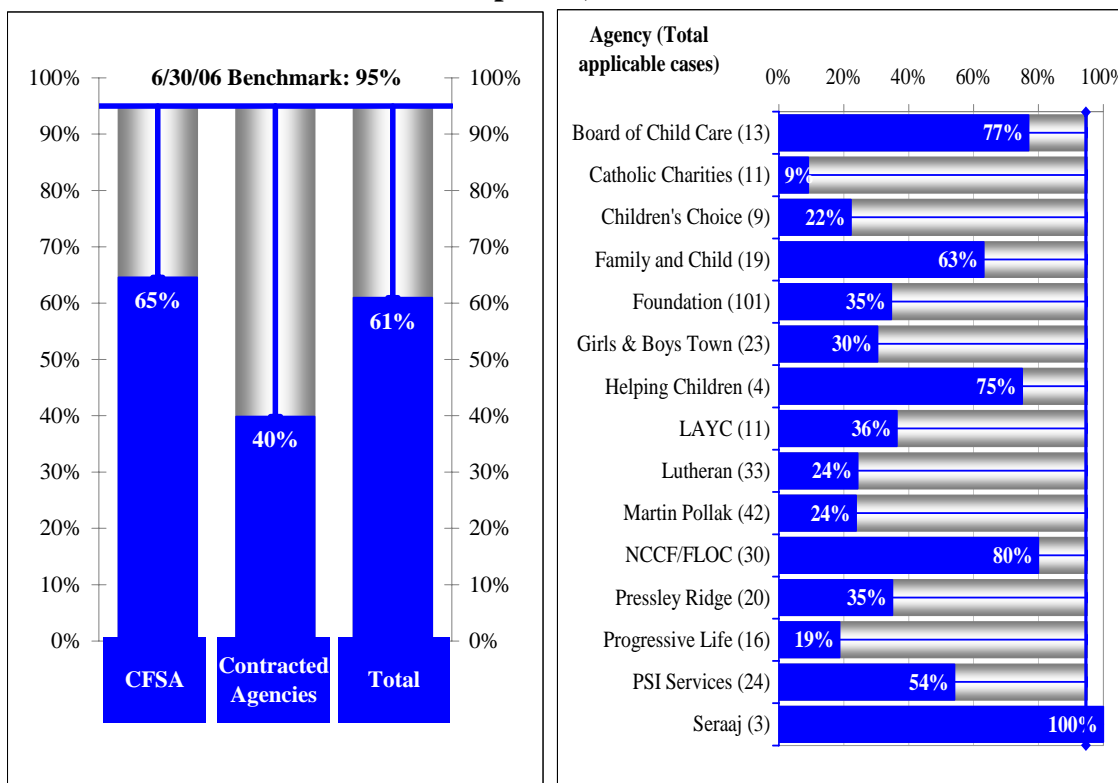
**Figure 7: Social Worker Visits to Children of Families with In-Home Cases
as of April 30, 2006**



Source: CFSA Administrative data

As illustrated below, CFSA has developed the capacity to independently track data on visits by private agency social workers to children in families with in-home cases. These data are provided in an effort to compare CFSA and private agency performance on select benchmarks as well as to identify individual private agency performance. When available, these comparative data are provided throughout this report.

**Figure 8: Comparative Analysis – CFSA and the Private Agencies
Social Worker Visits to Children of Families with In-Home Cases
Children Seen at Least Once During April 2006
as of April 30, 2006**



Source: CFSA administrative data

Referrals to Community-based Agencies

The LaShawn Implementation Plan requires that by December 31, 2005, 70% of families who have been the subject of a report of neglect/abuse that has not been founded, will be referred to an appropriate Collaborative or community agency when appropriate. The intent of this requirement is to offer services to at-risk families to prevent maltreatment. The data reviewed in this area most likely overestimate the number of families who should be referred to the Collaboratives insofar as FACES is unable to distinguish which families are appropriate for the referral. Consequently, the reflect referrals for the entire universe of all families whose investigation cases were unfounded, many of whom may not need or benefit from a referral to community based organizations. During April 2006, there were 353 reports of abuse and/or neglect that were determined to be unfounded or inconclusive; 8% (28) of those cases included documentation in FACES that the family was referred to a Collaborative for services. The Agency's recent decision to use Structured Decision Making™ to determine which families will be referred to the Collaboratives based on risk level will apply a consistent framework to determine which families will be served in the community as well as assist in determining in the future if appropriate families are referred and receive assistance.

Currently, the Collaborative Liaison Manager at CFSA, a new position to assist in improving the flow of information between CFSA and the Collaboratives, reviews, submits, and tracks each

CFSA referral to a Collaborative. The Liaison intervenes in individual cases to provide the Collaborative with additional information or participate in case conferences, as needed. The Liaison also meets regularly with Collaborative managers to further enhance the working relationship between the two entities. Independent tracking data show that during April 2006, social workers in the Child Protective Division referred 44 new families to Collaborative for services. (The investigation determination in these cases was not reported to the Monitor.)

Expansion of Multi-Systemic Therapy Services

Multi-systemic therapy is an intensive, evidence-based, family and community-based treatment provided by master level clinicians for youth with complex clinical, social and education needs. These therapy services are provided in the home and include both weekly individual and family therapy. The service was jointly implemented by DMH and CFSA in January 2005, federally funded through September 2005, and funded since October 2005 solely by DMH. In June 2006, CFSA expanded the criteria for referring families for Multi-Systemic Therapy. It was previously only available to help stabilize children in out-of-home care and children returning home from placement, particularly residential treatment. Multi-systemic therapy will now be available to families with in-home cases.

Financial Support to Neighborhood Based Service Delivery Systems

The LaShawn Implementation Plan requires CFSA to provide evidence of financial support to community and neighborhood-based services to protect children and support families. The District has made a significant investment in community prevention services; CFSA's budget for the Collaboratives has increased from no funding in 1993 to over \$14 million in FY 2007, if approved by Congress as anticipated.

Development of an On-call Program of Social Workers

The LaShawn Implementation Plan requires CFSA to develop a program that enables families, foster parents, and children to contact a social worker during non-business hours (e.g. evenings, nights, and weekends). CFSA has not maintained a viable after-hours, on-call system. While CFSA has not maintained a formal on-call program, it does provide on-call services for parents, children and foster parents. Each social worker is available by cell phone and the agency has an administrator on call. Further, that support is available as well from some private child placement agencies, most of which require their workers to be-on call on a rotating basis. Biological parents, foster parents, and children must have timely, reliable access to appropriate agency staff during non-business hours.

4. Summary of Services to Children and Families Benchmarks

Services to Children and Families Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Evidence of financial support to community and neighborhood-based services	Full Compliance	CFSA provides evidence of financial support to community and neighborhood-based services	Improved ↑
Benchmarks Not Achieved			
Provision of appropriate services to avoid placement	80%	31%	Not previously measured
Services to avoid replacement	80%	64%	Not previously measured
Avoiding disruption of an adoptive placement	80%	73%	Not previously measured
Avoid disruption of a long-term foster home placement	80%	67%	Not previously measured
Monthly visits to families with in-home cases	90%	61%	Improved ↑
Twice monthly visits to families with in-home cases	40%	20%	Improved ↑
Referrals of families with unfounded reports to Collaborative or community agencies	70%	28 families (8%) with unfounded reports referred to Collaboratives by CPS in April 2006	Unable to determine

5. Areas for Intensified Action

Social worker visits with all children and families under protective supervision must increase. The current rate of visitation is not easily understandable given the manageable caseloads of social workers. In addition, CFSA and the private agencies must develop, implement and publicize an effective on-call system for families to reach a social worker during non-business hours so that crises can be managed quickly.

An important partner for CFSA and private agency social workers in their work with families is the Healthy Families Thriving Communities Collaboratives. The range of other service providers working with families represents the gains the District has made in expanding scope of interventions for families and children. There is still a need for further expansion, flexibility and accessibility of the service array. There is also a disparity in the range of services available for children in out-of-home placement as opposed to children living in their own homes. For instance, social workers can not now refer children living in their own homes for tutoring and mentoring. This service is currently only available to children in placement although a volunteer mentoring program, presently in the planning phase, will be available to children living in their own homes as well.

Most importantly, other District agencies must join with CFSA to comprehensively address the needs of families. Access to affordable, appropriate housing, job training, employment, substance abuse treatment and mental health services are ongoing struggles for low-income families in the District and arguably more so for the families who come to the attention of CFSA. Parents who are not able to meet basic needs are less likely to actively engage in resolving other identified needs for themselves or their children. CFSA is able to assist families at times with the use of flexible funds but appropriately must rely on other District agencies to intervene with and assist families.

The Monitor has supported the District's policy decision to move the primary responsibility for children's mental health services for children in CFSA's custody to the DMH but remains very concerned about the impact of DMH payment and authorization problems on access to quality mental health care. DMH and CFSA have reasonably good working relationships. That collaboration continues and now involves significant staff time dedicated to addressing growing concerns in the community and from providers about the timeliness, quality, and tracking of children's mental health services. These concerns are rooted in individual and collective case experiences and are shared by the Monitor, children's and parent advocates, and providers. Representatives from DMH, CFSA and the Deputy Mayor for Children, Youth, Families and Elders are now working to identify and resolve barriers to effective service delivery.

CFSA has made great strides over the past decade, as described in this report, and is both committed to and accountable for remaining on that path. Outcomes for families and children served by CFSA are often dependent on support from other systems, especially the mental health system. In this circumstance, the shortcomings of the District's mental health system continue to create barriers to stabilizing children in their homes and communities with an appropriate range of services and to achieving permanency and stability for children in foster and adoptive placements.

C. Medical Requirements

1. Historical Perspective

Historically, CFSA had no organized system for ensuring the medical needs of children were met. DC Kids, the District's health care program for foster children, was created during the Receivership to provide pre-placement medical exams, ensure comprehensive assessments and follow-up treatment and provide the capacity for medical care case management.

2. Systemic Agency Changes

There are four LaShawn Implementation Plan requirements related to medical and mental health care of children.¹⁰ Due to data entry issues and the need to change the "logic" in some of the FACES health reports, the Agency has not been able to provide accurate data from its FACES system related to these requirements. As a result, the Monitor requested and reviewed manual data from both CFSA and DCKids to determine how health care services are being provided to children as it relates to the requirements in the LaShawn Implementation Plan. These data were provided just prior to the completion of this report and the findings should be considered preliminary.

The Monitor will be working with CFSA and DC Kids to more fully understand how health care is being provided to children in the District. Health and dental care for children is a high priority area and is a fundamental requirement of any child welfare system; indeed, failure to provide for the medical needs of children is considered child neglect and can be a legally justifiable reason to remove children from their parents.

The Office of Clinical Practice supports a pediatrician and seven nurses to assess the health care needs of children and ensure those needs are met. CFSA has a dedicated health system, DCKids, and expects to sign a new contract with Children's National Medical Center this summer, which should include many enhancements in how CFSA meets the medical needs of children in its care.

3. Benchmark Progress

Medical, Psychological and Psychiatric Evaluations in Investigations

The LaShawn Implementation Plan requires by December 31, 2005, CFSA will provide appropriate medical, psychological or psychiatric evaluations of children as part of its investigation of alleged child abuse or neglect in 80% of cases if it determines that such evaluations are necessary as part of the investigative process. CFSA continues to work to develop a management information report to assess which children require the exams and how often these exams are occurring. In general, the Monitor believes there will be on-going challenges in measuring the need for psychological and psychiatric evaluations during the investigation through an automated system like FACES as it requires an individual and frequently subjective judgment about which children need these evaluations.

¹⁰ These requirements are located within the Protective Services and Placement Sections of the LaShawn Implementation Plan.

In the February 7, 2006 report completed by the Monitor, *An Assessment of the Quality of Child Protective Services Investigations in the District of Columbia*, it was determined of the 134 investigations completed in June 2005, there were 35 investigations in which the children needed a medical evaluation as part of the investigation. In about half (49%) of these investigations, all of the children in the family received the medical evaluation and in additional 9% some of the children in the family received the evaluation. None of the children received the needed medical evaluation in 43% of cases reviewed. These 35 investigations involved a total of 53 children identified as needing a medical evaluation. Of these 53 children, 28 (53%) received the medical evaluation and 25 (47%) did not.

There were 8 investigations in which reviewers determined that children needed a psychiatric or psychological evaluation as part of the investigation. In 3 (38%) of these investigations, all of the children in the family received the psychiatric or psychological evaluation. In these 8 investigations, there were ten children identified as needing an evaluation. Of these ten children, 4 (40%) received the evaluation and 6 (60%) did not.

As noted below, CFSA has worked to improve the quality of health service delivery in the investigations units by hiring two nurses in the Intake and Investigations Administration. When social workers request consultation from the nurses, a full array of supportive assistance is provided to include joint visits to families, liaison work with medical providers and hospitals, acquisition of health and immunization records and general consultation. Data related to the activities of nurses can be found at the end of this section.

Medical Evaluations for Children with Substantiated Investigations

CFSA is required to provide medical evaluations within 48 hours for all children who are the subject of a substantiated investigation, regardless of whether or not they are removed from their homes. Children who have had a medical evaluation as part of the investigation or have had a recent exam within the time period recommended by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule are not required to have a second exam. The *LaShawn* Implementation Plan requires as of December 31, 2005, 75% of children who are the subject of a substantiated investigation will have a medical exam within 48 hours of the substantiation.

In order to determine compliance with this measure, the Monitor uses data from the February 7, 2006 report, *An Assessment of the Quality of Child Protective Services Investigations in the District of Columbia*, which reviewed cases closed in June 2005. Importantly, a social worker does not have the legal authority to compel a physical exam for a child within 48 hours of substantiating an investigation in those instances in which the child remains at home even when the child has not had an examination in the time period recommended by the EPSDT schedule. Therefore, reviewers looked for evidence of whether the worker referred applicable children for physical medical exams. There were 53 children who were either not up to date on their medical exam based on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)¹¹ schedule or the social worker obtained no medical information during the investigation and should have moved forward to refer the child for a medical exam. Of the 53 children who required a physical

¹¹ EPSDT schedule is as follows: Birth, 2 months, 4 month, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years, 6 years, 8 years, 10 years, annually through age 21.

exam within 48 hours of a substantiated investigation, 11 (21%) children were referred for an exam.

The Monitor is working with CFSA to better track medical exams for children who are part of a substantiated investigation. CFSA workers need to obtain the relevant medical information as part of the investigation process or refer the child for an exam. CFSA is considering seeking legislation that would require health professionals to provide medical information during an investigation without parental consent. CFSA also reports it plans to work with the Department of Health to determine methods for directly accessing EPSDT information. Additionally, CFSA's recent inclusion of nurses on some investigations is an important step toward identifying and addressing the health needs of children in its care.

Health Screening Prior to Placement

The LaShawn Implementation Plan requires by December 31, 2005 that 90% of children removed from their homes receive a health screen prior to placement. Children who enter foster care, re-enter care or experience a placement change meet the criteria for this measure. There were 82 children who entered or re-entered care foster care in March and April 2006. Of these 82 children, 74 (90%) received the initial pre-placement health screen and one received the screening post placement.

CFSA reports there were 178 children who experienced a placement change in March 2006. Health screen data were provided for 142 of these children. Of the 178 total children with a placement change in March, 64 (36%) received a health screen prior to replacement, 74 (42%) did not receive the health screen and the Monitor was unable to determine the health screen status of 40 (22%) children as no data were provided or the child had exited from foster care and health information was not available from DCKids. The Monitor also analyzed the data to determine what percentage of children were up to date with Medical examinations in accordance with the EPSDT schedule recommended by the federally funded Bright Futures program of Georgetown University. Of the 178 children with a placement change in March, 64 (36%) had experienced the placement health screening, 30 (17%) were up to date with EPSDT by March 31, 2006 and 23 (13%) children were up to date by July 5, 2006 for a total of 66% of children with the health screen or an up-to-date EPSDT exam. There were 21 (12%) children without either a health screening or up to date EPSDT exam; the Monitor was unable to determine the health care status of 40 (22%) children as no data were provided or the child had exited from foster care and health information was not available from DCKids.

In summary, 90% of children entering or re-entering foster care in March and April 2006 received the pre-placement health screening. However, for children changing placements in March, 36% received the health screening and another 30% were up to date with an EPSDT exam by July 5, 2006, which means these children had received an EPSDT exam within one year prior to March 2006 or by July 5, 2006. As previously noted, these data remain preliminary while additional verification occurs. The Monitor first measured this outcome post-receivership using January 2004 data and found that 64% of children received the required pre-placement health screen.

CFSA and the Monitor are working together to access information from the primary health screening provider to determine if all children with placement moves are receiving the required health screening. The Monitor is also concerned that some teens who regularly abscond from their placements may be required to participate in multiple, potentially unnecessary and intrusive health screenings prior to replacement even if they are up to date with other medical care requirements and have been recently screened. Further exploration is needed to determine how often this occurs and whether a more appropriate approach is warranted for some older children.

Medical and Dental Evaluations

The LaShawn Implementation Plan requires by December 31, 2005 that 90% of children receive a full medical and dental evaluation within 30 days of placement and this requirement increases to full compliance on June 30, 2006. CFSA reports that 82 children experienced an initial placement or placement re-entry in March and April 2006. Preliminary data suggest that of the 82 children, 24 (29%) received a medical exam within 30 days of entering care and an additional 6 (7%) children were up to date with an EPSDT exam at the time of placement. There were 31 (38%) children who received a medical exam within 60 days. For the remaining 21 (26%) children, there was no documentation of a current medical evaluation. In sum, 61 (74%) children received a medical/EPSDT exam between 0 and 60 days of the initial placement or were up to date with EPSDT at the time of placement.

The provision of dental care remains problematic. Many appointments are made but not kept and data tracking is insufficient. Preventative and treatment dental care is a critical health need for all children and this severe lack of service delivery is a significant issue.

The Monitor first measured this outcome post-receivership using January 2004 data and found that 36% of children received the required medical evaluation and 1% received the dental evaluation compared to the 29% of children who received a medical exam within 30 days in March and April 2006. Given the low performance at baseline and the lack of progress related to meeting the dental needs of children, CFSA must make dental care a priority area for service delivery improvement.

Nurses at CFSA

While the LaShawn Implementation Plan has no specific requirements with regards to nurses, two nurses in Intake and Investigations provide support and consultation to social workers and five nurses assist workers in the on-going units. The nurses' duties include visiting children and families related to health needs, accessing health and immunization information, assessing substance exposed infants, creating care plans for medically fragile children, acting as the liaison to medical facilities and obtaining medical consents.

The nurses visit hospitals, homes, schools, provider offices, residential treatment centers, congregate care facilities and long term care facilities to ensure children's health needs are being met. On average, each nurse makes 44 visits per month. Nurses also attend Family Team Meetings, clinical staffings and hospital treatment planning team conferences. Table 2 shows the services provided in FY 2005 by the two nurses in the Intake and Investigations Administration.

Table 2: Services Provided by Nurses in Intake and Investigations Unit (FY 2005)

Visits	
Visits with the Social Worker	345
Visits without the Social Worker	715
Total Visits	1060
Staffings	
Family Team Meetings	46
Clinical Staffings	168
Hospital Treatment Planning Team Conferences	160

Source: CFSA Office of Clinical Practice

In addition to the nurses in the Intake and Investigations unit, five additional nurses are available to social workers in the on-going units as well. The service delivery is similar to that described above. Table 3 below shows the services provided in FY 2005 by the nurses in the on-going units.

Table 3: Health Services Activities Provided by Ongoing Case Nurses (FY 2005)

Consultations & Visits	
Consultations with Clients	204
Consultations with Foster Parents	480
Consultations with Health Care Providers	1812
Medical Consents	3012
Consultations with Social Workers	3660
Visits (hospital/home, school, congregate, family, RTC, long term care facility & provider office)	636
Total Consultations	9804
Staffings	
Clinical Staffings	60
Hospital Medical Treatment Team Conferences	138
Family Team Meetings or Placement Staffings	42
Child Fatality Reviews or Critical Events	94
Total Staffings	334
Court Related Services	
Appearances in Court	63
Written Court Responses	117
Total Court Related Services	180
Clinical Administrative Duties	
Medical Record Reviews	756
Immunization Record Retrieval	924
Social Worker and Foster Parent Training	108
Others (Health Promotion/Education)	66
Total Administrative Duties	1854

Data Source: CFSA Office of Clinical Practice, 10/20/05

Note: Numbers above do not reflect activities of nurse supervisor, nurse program manager and physician administrator

4. Summary of Medical Requirements Benchmarks

Medical Requirements	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
CFSA has not achieved any Medical Requirements benchmarks			
Benchmarks Not Achieved			
Medical and Psychological Evaluations During Investigations	80%	53% medical 40% psychological or psychiatric	Not Comparably Measured in Prior Periods
Physical Examinations Within 48 Hours of Substantiation	75%	21% referred for exam (June 2005)	Not Comparably Measured in Prior Periods
Health Screening Prior to Placement	90%	90% of children who entered or reentered foster care 36% of children with placement moves (total of 66% received screening or up to date with EPSDT by July 5, 2006)	Not Comparably Measured in Prior Periods
Medical and Dental Evaluations	90%	29% of children entering or reentering foster care received a medical exam within 30 days of entering care (total of 74% received an EPSDT exam within 60 days or were up to date) No data available on dental care	Not Comparably Measured in Prior Periods

5. Areas for Intensified Action

It is extremely important that CFSA meet the medical and dental needs of children. The Agency's ability to track and report on the medical requirements of the LaShawn Implementation Plan needs improvement. While manual data are available, they are not compiled regularly to determine if the LaShawn Implementation Plan requirements are being met. CFSA and the Monitor are working to accurately measure these data through FACES and DCKids.

CFSA is also working in collaboration with the Monitor to determine if it is possible to reliably and consistently measure the requirement to have a psychiatric or psychological evaluation during the investigation when necessary. This is a complex issue and documentation is not clear enough to allow a reviewer to objectively determine the need for these evaluations and thus report on CFSA's compliance with obtaining them.

Few children who are part of a substantiated investigation but who are not removed from home receive the necessary health screenings although a major barrier is the lack of legal standing the Agency has in requiring a medical exam when children are not removed from home. However, it is particularly important that these children receive a health screening to determine if additional intervention related to health needs is indicated and so additional thinking is warranted on how best to meet this requirement.

Finally, the dental care needs of children are not being met. CFSA must work to develop a mechanism to ensure that every child in care immediately receive a dental exam, necessary treatment and follow-up exams within the recommended schedule for each child's age and needs.

D. Emergency Care and General Assistance

1. Historical Perspective

At the time of the LaShawn trial, Emergency Care or voluntary placements without a court order were used to remove children and place them in foster care for 90 days when there were concerns of abuse or neglect. Parents signed a form indicating they were voluntarily placing their child(ren) in the temporary custody of the District, and the child could be placed in a foster home, group home, or residential facility. District law mandated that children could be left in Emergency Care for no more than 90 days. After 90 days, children had to either be returned to their biological parents or the Agency had to request the filing of a neglect petition in the Family Services Division of the D.C. Superior Court.

Testimony at the LaShawn trial indicated that some children entered the system through Emergency Care but were left in this temporary arrangement beyond the 90 days without the protection of court involvement. Essentially these children were in limbo as reunification attempts were infrequently made, permanency plans were not developed and no efforts were made to free appropriate children for adoption. Data from July 1990 estimated that there were 111 children who had been in Emergency Care for more than 90 days. Furthermore, the District rarely petitioned the court for custody of the child once the child entered care through Emergency Care. There were no procedures in place to ensure that children in Emergency Care did not remain so for extended periods of time.

In 1990, the District's General Assistance program was operated by the Income Maintenance Administration and cash payments were frequently made to non-related adults to care for children who could not remain at home. This program excluded children from the normal child welfare system protections that include judicial reviews and social worker visits. The adult simply received a monthly check to help meet the expenses of caring for the child without supervision or oversight. No reunification efforts were made and no guardianship or termination of parental rights proceedings were pursued to give a child a permanent home. In July 1990, there were approximately 500 children who were not considered to be in the child welfare system who were living in homes with unrelated adults who received a payment from the Department of Human Services. Additionally, the District used all local money for the General Assistance program and in doing so forfeited federal funds that could be used to help pay for the costs of care and for needed services if these children had been in foster care.

2. Systemic Agency Changes

The District has eliminated the inappropriate use of emergency care and instituted appropriate child welfare practice of removing children from their homes only with the sanction of a court order.

CFSA implemented kinship foster care in which relatives are licensed as foster parents and receive the same funding as traditional foster parents, along with introducing an expedited kinship licensing process and supportive services for kin caregivers, to enable families to care for relative children who have been neglected, abused, or are at risk for neglect and abuse. National

trends have confirmed that kinship care is a vital placement and permanency resource for children. Additionally, CFSA data indicate that kinship placements are among the more stable settings for children in foster care.

With support from the Mayor's office and City Council, CFSA has also begun piloting the Grandparent Caregivers Program, which provides caregiver subsidies to low-income District grandparents, great-grandparents, grand aunts, and grand uncles who are caring for children not involved with the child welfare system due to abuse or neglect. Under the pilot program, qualified caregivers receive monthly subsidies to help care for children living with them. This program is designed to help families meet the needs of their children and prevent the need for child welfare intervention due to maltreatment.

3. Benchmark Progress

The LaShawn Implementation Plan requirements related to Emergency Care and General Assistance have been met.

4. Summary of Emergency Care and General Assistance Benchmarks

Emergency Care and General Assistance Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Policies for Appropriate Use of General Assistance Payments	Full Compliance	Achieved	No Change/ Achieved
General Assistance Payments Not Used as Substitute for Foster or Kinship Care Financial Supports	Full Compliance	Achieved	No Change/ Achieved

5. Areas for Intensified Action

No additional action is needed in this area. CFSA has met the requirements in the LaShawn Implementation Plan for eliminating the improper use of Emergency (Voluntary) Care Agreements and the improper use of General Assistance for children in cases where child welfare intervention is necessary.

E. Placement of Children

1. Historical Perspective

In 1990, 40% of all traditional family foster homes exceeded their licensed capacity and 40% of the homes had expired licenses. In addition to a shortage of traditional foster homes, there was a severe shortage of more specialized placements. Testimony at the *LaShawn* trial estimated there were more than 50 children in need of a therapeutic foster home or residential treatment facility who could not be placed because the needed placements did not exist. As a result of the placement shortage, children frequently were placed in inappropriate settings.

Between 1985 and 1990 the average number of children reported to be in foster care was between 2100 and 2200 and then rose to almost 3000, although data integrity was a problem and it was impossible for the District to give a fully accurate accounting of the number of children in foster care. In 1988, the average length of stay was 57 months, over twice the national average. Approximately 10% of the District's children had lived in six or more different settings and in many instances the placement location of a child was unknown. Two individuals were responsible for child placement and kept information on available caregivers on index cards.

In addition to the problems children experienced in placement, the placement providers were not systematically supported by the District. There was a lack of pre-service training to prepare resource parents for the job of fostering children in their homes and the available in-service training was limited. Providers were both over and under paid for services due to the lack of a sufficient placement tracking system. Licensing standards to ensure safe homes and consistent care for children in placement were non-existent. There was also no licensing capacity or standards of operation for congregate placements. Regulations governing the interstate placement of children (ICPC) were routinely ignored.

2. Systemic Agency Changes

The District has made noteworthy advancements in the area of placement of children. CFSA has created a separate placement administration to coordinate all placement requests and to more expeditiously identify placement resources. Treatment foster care is now an option for children entering placement who need it.

Foster care providers in the District are subject to licensing requirements and must receive pre-service training before becoming licensed. Additionally, foster parents must regularly renew their licenses (yearly or every other year depending on the jurisdiction in which they live) and receive the required number of in-service training hours annually. Foster parents' room and board rates have been substantially increased and are adjusted each year to keep current with U.S. Department of Agriculture standards for raising a child. The District supports a foster parent support network, foster parent training advisory committee, and the Foster and Adoptive Parent Advocacy Center (FAPAC). There are comprehensive standards that each congregate facility must meet in order to become licensed and CFSA has developed internal capacity to review and license these facilities each year.

Through FACES, the District maintains accurate records of how many foster children are in its custody and where foster children are placed. There has been a reduction in the length of time children remain in foster care. Efforts have been made to support relative resources through such improvements as the temporary licensure for kinship placements and subsidized guardianship payments. Children receive necessary medical screening and treatment before placement.

3. Benchmark Progress

**Table 4: Selected Demographics for Children in Foster Care
as of April 30, 2006**

Gender	Number	Percent
Female	1212	49%
Male	1243	51%
TOTAL:	2455	100%
Age	Number	Percent
1 year or less	138	5%
2 – 5 years	317	13%
6 – 12 years	683	28%
13 – 15 years	508	21%
16 – 17 years	359	15%
18 – 21 years	450	18%
TOTAL:	2455	100%
Placement Type	Number	Percent
Family-based foster care	1854	76%
Residential Treatment	127	5%
Congregate and Independent Living	353	14%
Other (abscondance, incarceration, hospital)	121	5%
TOTAL:	2455	100%

Source: CFSA administrative data

Placement Settings

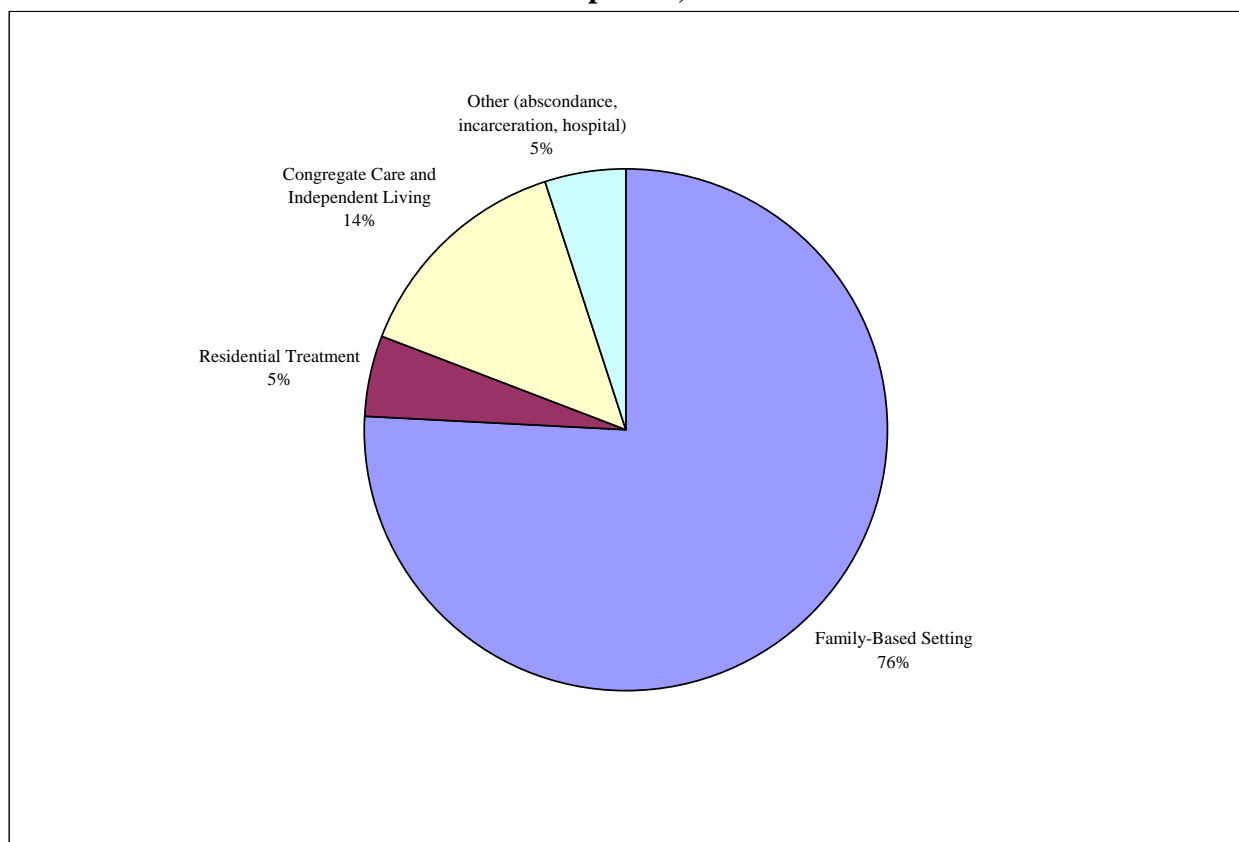
The *LaShawn* Implementation Plan requires by December 31, 2005 that 80% of children placed in out-of-home care will be placed in the least restrictive, most family-like setting appropriate to their needs. As Table 4 above and Figure 9 below show, 76% of children in foster care are placed in family-based settings. There are 127 children (5%) who are placed in residential treatment facilities. These placements are used for those children who need this highly specialized level of care and cannot currently reside in a family-based setting. While these placements are not family-like, they are the least restrictive according to a child's needs. These categories combined

result in a finding that 81% of children reside in the least restrictive most family-like setting according to the needs.

There are 353 children (14%) in congregate care (group homes and independent living programs) and 5% of children are in other types of settings such as hospitals or correctional facilities or are on abscondance.

The Monitor first measured this outcome post-receivership using July 2003 data and found that 81% of children were residing in family-based care, 18% were in group care and 1% were in other settings.

**Figure 9: Percentage of Children by Placement Type
as of April 30, 2006**



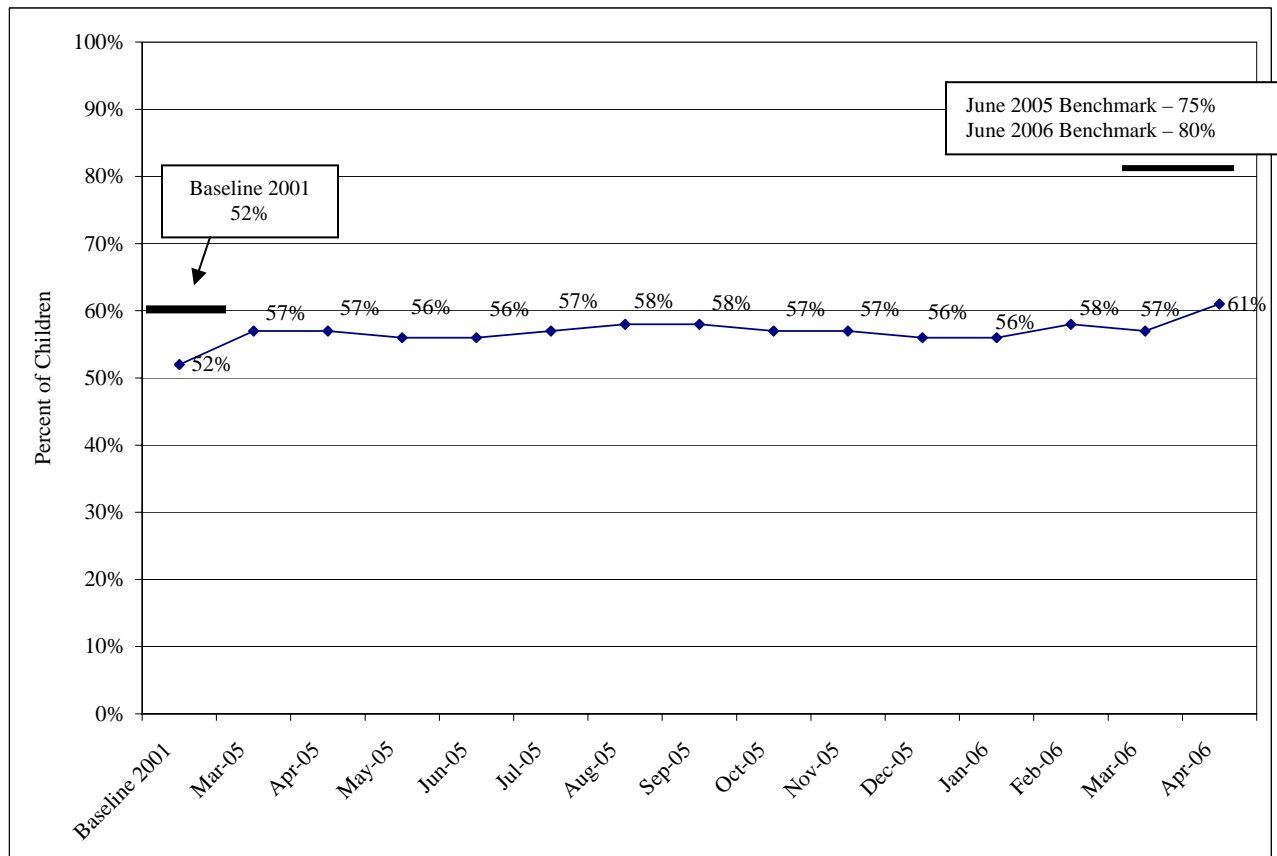
Source: CFSA Administrative Data

Keeping Siblings Together

The *LaShawn* Implementation Plan requires that by June 2005, 75% of children be placed with some or all of their siblings and by June 30, 2006, 80% of children are to be placed with some or all of their siblings. In April 2006, there were 1549 children in foster care with one or more siblings. Of these 1549 children, there are 134 children who could not be placed with siblings due to a placement in residential treatment, correctional facilities, hospitals or on abscondance. Of the remaining 1415 children, 857 children (61%) were placed with one or more of their siblings. In July 2005, 57% of children were placed with some or all of their siblings. There has

been little progress in this area since the 2001 baseline, which was determined to be 52%. (See Figure 10 below.)

**Figure 10: Children Placed with Some or All Siblings
as of April 30, 2006
(N=1549)**



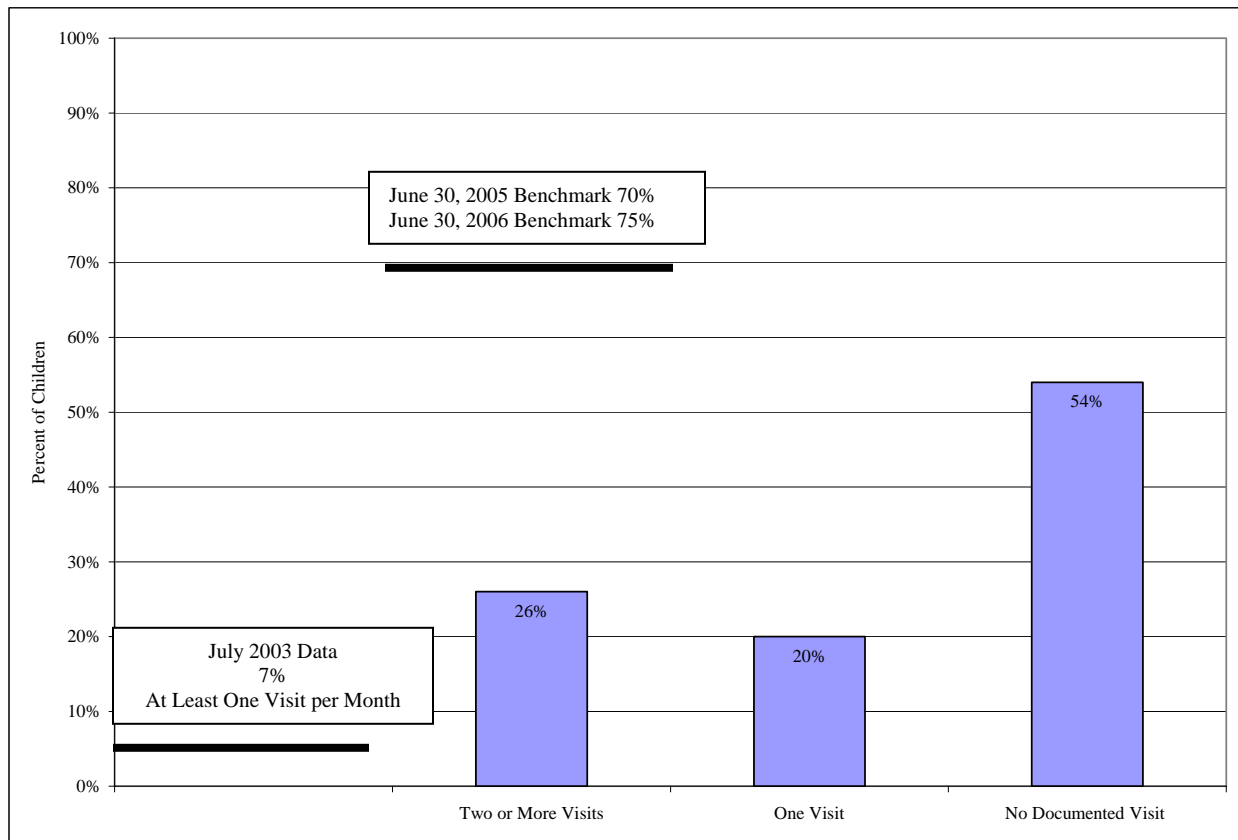
Source CFSA monthly administrative data

Ensuring Regular Sibling Visits When Living Apart

The *LaShawn* Implementation Plan requires by June 30, 2005, 70% of children placed apart from their siblings will have at least twice monthly visitation. This requirement increases to 75% on June 30, 2006. In April 2006, there were 1061 foster children placed apart from some or all of their siblings. Of these 1061 children, 276 children (26%) visited two or more times with one or more of their siblings. There were 214 children (20%) who had one sibling visit and 571 children (54%) who had no documented sibling visits. Data from the fall 2005 Quality Service Review show that siblings are visiting more regularly than is being documented by social workers. (See Figure 11.) Comparative data for CFSA and the private agencies can be found in Figure 12.

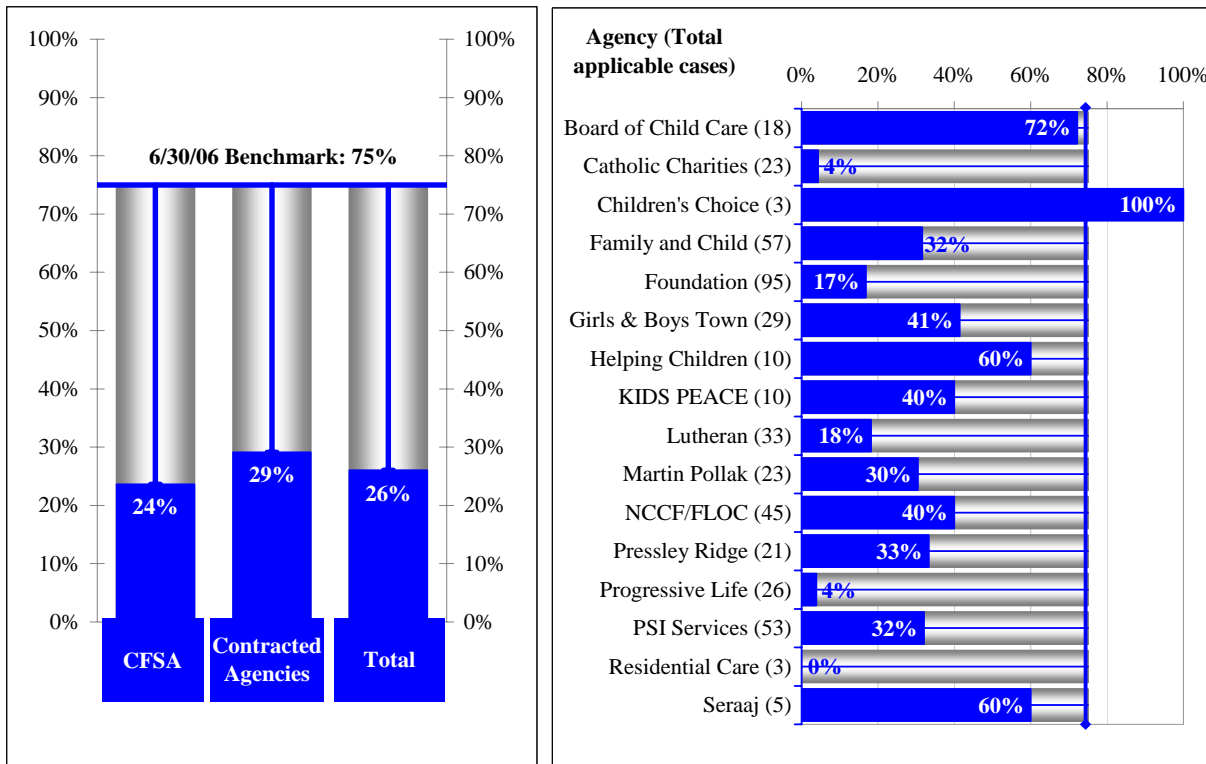
The Monitor first measured this outcome post-receivership using July 2003 data and found that 7% of children had at least monthly visitation with some or all siblings, 29% were seen sporadically or only once, 46% had no visits at all and in another 18% of cases, the Monitor was unable to determine the frequency of visits.

**Figure 11: Sibling Visitation for Children Placed Apart as of April 30, 2006
(N=1061)**



Source: CFSA administrative data.

**Figure 12: Comparative Data – CFSA and the Private Agencies
Sibling Visitation for Children Placed Apart as of April 30, 2006
(N=1061)**



Source: CFSA administrative data

Young Children in Congregate Care Settings

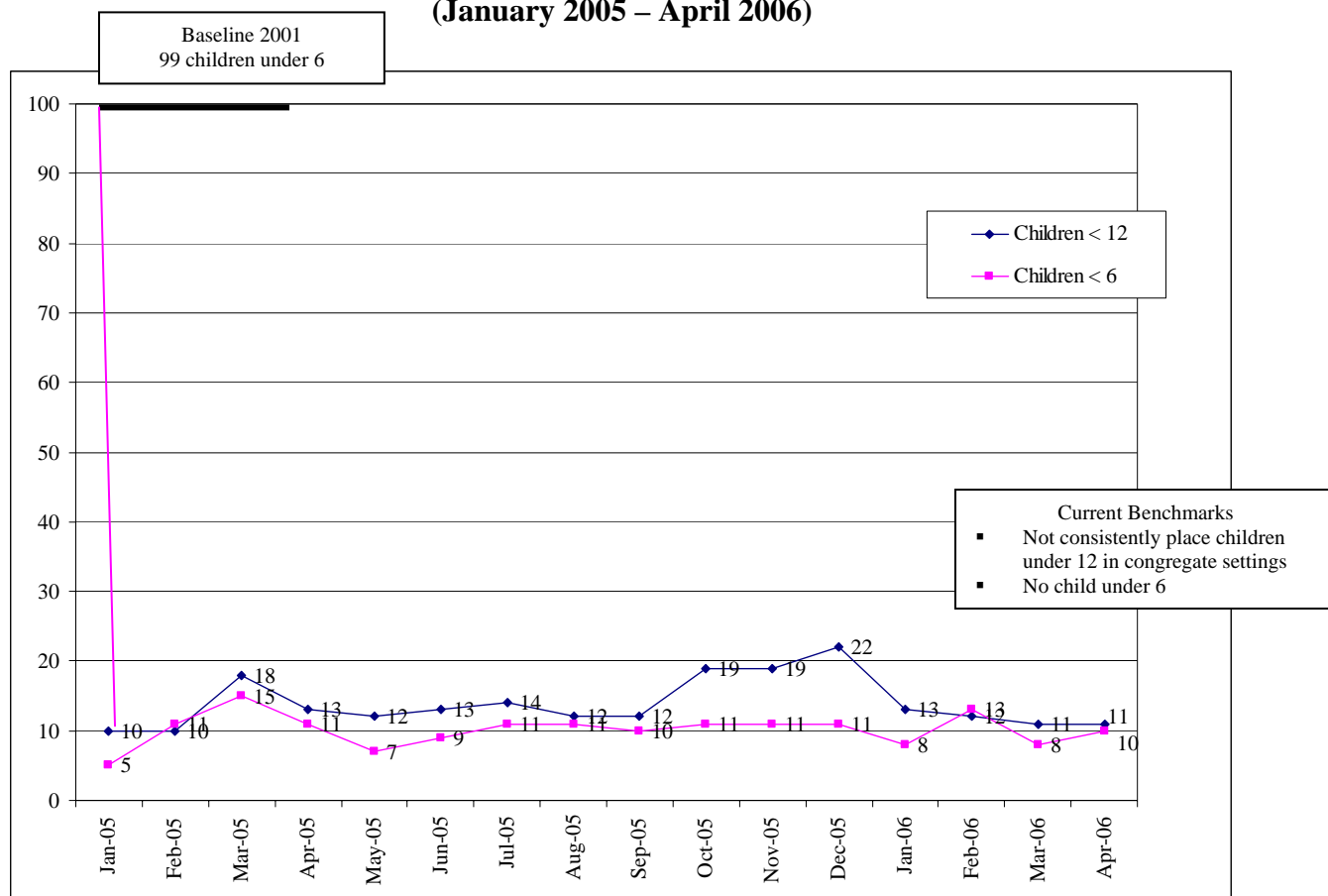
The *LaShawn* Implementation Plan has two requirements regarding the placement of young children in congregate care:

- By June 30, 2005, there will be full compliance with the requirement of not routinely placing children under 12 in congregate care.
- By June 30, 2005, there will be full compliance with placing no child under the age of 6 in congregate care, except for those children with exceptional needs, which cannot be met in any other type of care.

As of April 30, 2006, there were ten children under age 6 and 11 children age 6 to 12 in congregate settings. Of the total 21 children under age 12 in congregate care, 16 were placed in the congregate setting for more than 30 days. Of these 16 children, 15 were among six sibling groups. In May 2001, by contrast, there were 99 children under age 6 in congregate care settings. (See Figure 13.)¹²

¹² In some cases, young children have been court ordered to remain at St. Ann's Infant and Maternity Home pending kin licensure or ICPC approval, which is inappropriate.

Figure 13: Children Under 6 * and Children Under 12
in Congregate Care for More Than 30 Days
(January 2005 – April 2006)**



Source: CFSA administrative data.

*Data for children 0-5 years of age include all children in congregate care regardless of the length of stay.

**Data for children under age 12 are for those who remained in the setting for more than 30 days.

Children in CFSA's Intake Center

As previously reported to the Court, CFSA no longer uses its intake processing center to house children and does not regularly engage in the practice of having children sleep overnight in its office building.¹³ As of June 28, 2006 CFSA reports one child spent the night in the building on September 30, 2005 and another on December 30, 2005. Since December 2005, the Monitor has received no additional reports from CFSA of children sleeping at the building; the Agency is required to inform the Monitor if this circumstance occurs.

Placing Children Close to the District

The LaShawn Implementation Plan required by June 2005 that CFSA place no more than 35 children over 100 miles away from the District and that by June 2006 no more than 25 children will be placed more than 100 miles away. CFSA reports that in April 2006, 110 children were placed more than 100 miles from the District. Of these 110 children, 28 are placed in kinship and

¹³ In the Monitor's November 3, 2005 report to the Court, it was noted that 18 children had slept overnight in the building as a result of the placement crisis.

family-based settings with permanency goals of adoption, guardianship and planned permanent living arrangement. Eighty-two (82) children were living in residential treatment settings for mental health or medical reasons. CFSA reports, that for 29 children, these facilities are used because they provide specialized clinical treatment and there are no comparable facilities closer to the District. CFSA's Office of Clinical Practice in collaboration with the Department of Mental Health monitors the children's progress in treatment and length of stay in order to effectively plan for return to the District. In some instances, CFSA reports the children's treatment needs are so specialized that there are no plans to bring the children back to the District. The Monitor continues to assess specific child level information related to placement needs and has preliminarily recommended to CFSA that it take another look at the possibility of developing additional resources in the District to serve adolescents with behavioral issues.

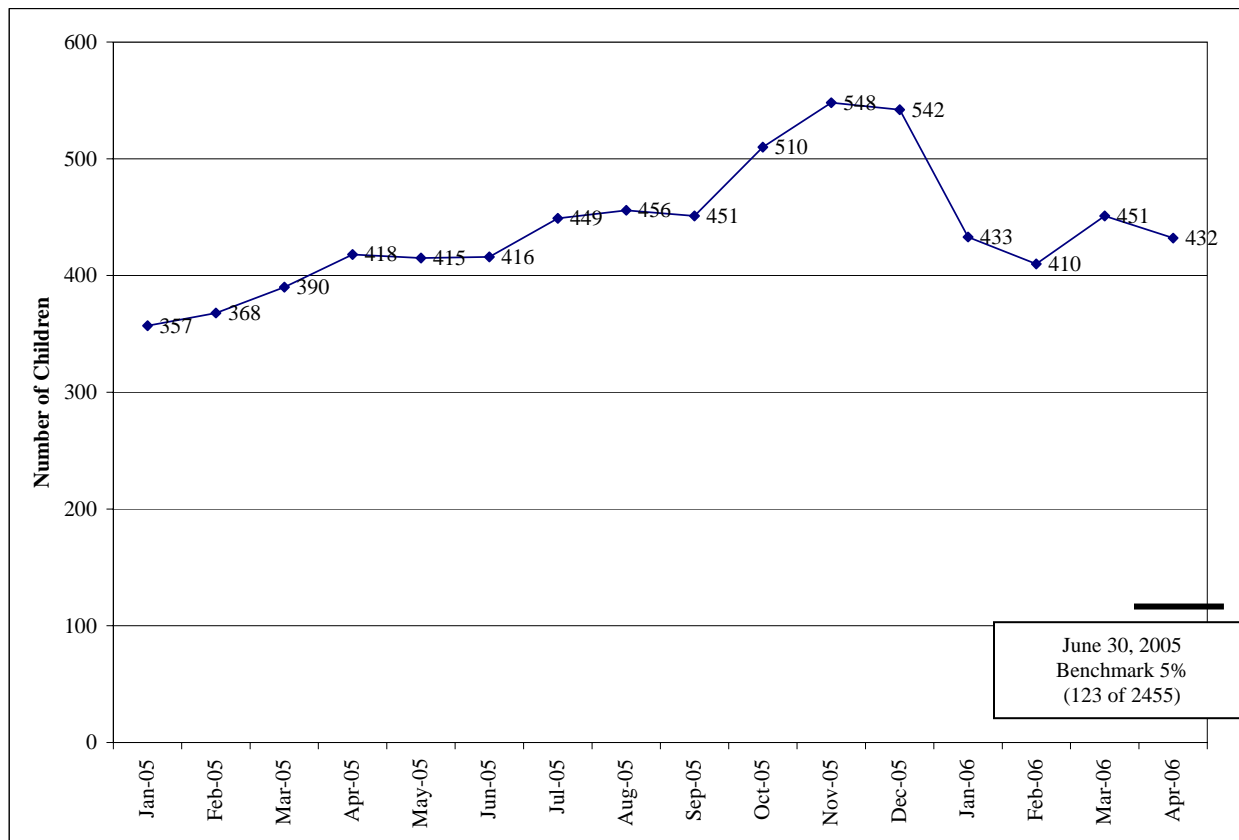
Twenty-eight of the 110 children placed more than 100 miles away from the District were in a family-based setting, both kinship and non-kinship. Of these 28 children, 20 are placed in kinship foster homes. For the remaining 8 children, four have a goal of adoption and four have a permanency goal of APPLA.

Placement Stability: Reducing Number of Multiple Placements

The LaShawn Implementation Plan requires by June 30, 2005 that only 5% of children would experience three or more placements during a twelve-month period. The LaShawn Implementation Plan requires full compliance with this measure by June 30, 2006. Multiple placements increase the likelihood of emotional and behavioral problems in children. Moving from one foster placement to another has a detrimental affect on children as they have disruptions in their school placements and educational progress. Of the 2455 children in foster care in April 2006, there were 432 children (18%) who had resided in three or more placements during the previous 12 months. In July 2005, 17% (449 of 2625) children experienced three or more placements during the preceding 12 months. (See Figure 14 below.)

The LaShawn Implementation Plan also requires a reduction in the percentage of children entering foster care after January 1, 2003 who experience three or more placements. At this time, CFSA is not able to provide cohort data to assess progress in this area, which is a preferable way to look at placement stability. Point-in-time data are therefore used to determine Agency performance in this area, which tends to overemphasize those children who have been in foster care for longer periods of time and typically have more placements. As of January 31, 2006, 40% of children had experienced four or more placements since entry into foster care. In May 2001, the Monitor found that 29% of children in foster care had experienced three or more placements since their most recent entry into foster care and another 16% of cases had insufficient documentation regarding placement history. (See Figure 14 below.)

**Figure 14: Number of Children in Foster Care with Three or More Placements
in the Previous 12 Months as of April 30, 2006
(N=2455)**



Source: CFSA administrative data

The Monitor, in partnership with CFSA, recently completed a review of placement stability issues.¹⁴ Far too many children in foster care in the District are experiencing multiple placements – in April 2006, 18% of children experienced three or more placements in the previous 12 months. There remains a significant need to increase the pool of available resource providers with the necessary skills to meet the needs of children in foster care. Recommendations from the review include:

- locating and licensing relatives or other kin to provide placement for children in foster care; providing all services and supports to maintain kinship placement.
- developing and implementing targeted foster parent and kinship parent recruitment efforts to meet the needs of children, particularly teenagers, sibling groups, and special needs children.
- developing and providing caregivers with a comprehensive packet of information that follows every child to each new placement.
- evaluating and modifying the current specialized/therapeutic model of foster care.

¹⁴ *LaShawn A. v. Williams* An Assessment of Multiple Placements for Children in Foster Care in the District of Columbia. July 2006. Center for the Study of Social Policy.

- improving the matching between children and caregivers to better align children's needs and caregivers' expectations and skills; thus promoting stability.
- using teams for more coordinated, holistic and permanency-focused case planning; holding timely and inclusive Family Team Meetings both for placement changes and for general case planning.
- individualizing and evaluating services on an on-going basis to meet children's needs; providing continuity of services and providers when children do change placements
- developing comprehensive data sets to better understand placement stability and foster parent recruitment and retention patterns
- better training and supporting placement providers to understand and manage the unique and challenging needs of children in foster care.

CFSA has developed and is beginning to implement strategies to address these recommendations to include working to improve the Temporary Licensure for Kinship Placement, identifying and recruiting relatives as part of the Family Team Meeting Process to be caretakers, and the Family Finding and Youth Connections programs. CFSA is beginning use of a new placement packet, which is currently being distributed by both CFSA and the private agencies. The treatment foster care program is being redesigned as part of the performance based contracting work as well as through the exploration and implementation of national models to include a Levels of Care system in use in Minnesota and the Mockingbird Model of Foster Parent Support in use in the state of Washington. An internal workgroup has been formed to develop more comprehensive data sets to track and manage placement changes. Additional information related to multiple placements and the Agency's efforts can be found in the Monitor's report referenced above.

Investigating Relatives as Placement Resources

The LaShawn Implementation Plan requires CFSA by June 30, 2005 to explore relative resources in cases requiring the removal of children from their homes in 75% of cases. This requirement increases to 85% on June 30, 2006. The Monitor, in partnership with CFSA, conducted a case record review of investigation cases closed in June 2005 and found documentation in 64% of cases that relatives were explored as placement resources. CFSA's use of Family Team Meetings has placed the Agency on the right trajectory as the Family Team Meeting process includes focused efforts to find relatives to care for children at the initial removal from home.

Professional Evaluation of Children Who Experience a Placement Disruption

The LaShawn Implementation Plan requires by December 31, 2005 that 85% of children experiencing a placement disruption receive a professional evaluation to determine their needs. CFSA designed its Family Team Meeting practice to include a clinical staff person from the Office of Clinical Practice to determine the need for a professional evaluation and/or intervention when Family Team Meetings are held because of placement disruption. However, no OCP clinical representatives were in attendance at the five Family Team Meetings observed by CSSP during a recent evaluation of children experiencing multiple placements. Family Team Meeting facilitators are not an adequate substitute for a clinician who responsible for assessing the child's needs. The lack of this assessment during the Family Team Meeting suggests that CFSA is not meeting the benchmarks related to the 30 day professional evaluation outcome measure. Additionally, CFSA reports of the 67 children experiencing a placement disruption in April, only two (3%) children received a Family Team Meeting. Both Family Team Meetings were held in

May after the placement disruption. Nevertheless, Family Team Meetings are occurring. Between October 1, 2005 and May 30, 2006, 371 Family Team Meetings were held; these meetings served 643 children.

Number of Children in Foster Homes

The LaShawn Implementation Plan requires by December 31, 2005 that no more than 8% of foster children are placed in foster homes which exceed identified capacity standards. This requirement increases to full compliance on June 30, 2006. CFSA has met the benchmarks in this area. (See Table 5.)

**Table 5: Number of Children in Foster Homes
as of April 30, 2006**

REQUIREMENT	March 2006 PERFORMANCE
DECEMBER 2005 BENCHMARK: <i>No more than 8% in any category</i> JUNE 2006 BENCHMARK: <i>Full Compliance</i>	
Children in foster homes with more than three foster children	5%
Children in foster homes with more than six total children, including the foster family's own children	1%
Children in foster homes with more than two children under age 2	.32%
Children in foster homes with more than three children under age 6	.22%

Source: CFSA administrative data

Adhering to Licensing Capacity

The LaShawn Implementation Plan requires full compliance by December 31, 2005 with the requirement that children are not be placed in a foster care home or facility in excess of its licensed capacity except in those instances in which the placement of a sibling group, with no other children in the home, will exceed the limits. On April 30, 2006, there were 1854 children placed in 1126 foster homes. Of these 1854 children, 73 (4%) who are not part of a sibling group were placed in foster homes exceeding licensed capacity limits. CFSA has not met the benchmark in this area.

Emergency Placements

The LaShawn Implementation Plan requires by December 31, 2005 that there would be a 50% reduction from the December 31, 2004 performance and by June 30, 2006 that there would be no more than 25 children placed in an emergency setting for more than 30 days. As of April 30, 2006, there were 22 children who had remained in an emergency placement for more than 30 days, meeting the June 2006 performance benchmark.

Number of Children in Group Care Settings

The LaShawn Implementation Plan requires by December 31, 2005 that there would be full compliance with the requirement to place no child in a group care setting with a capacity of more than eight children without the written approval of the CFSA Director or designee. As of April 30, 2006, there were 34 (21%) children residing in a group care setting in excess of capacity limits.¹⁵ There remain four group homes that are contracted for more than eight placement beds. CFSA reports it has provided written approval for these children to be placed in group homes in excess of the capacity limits. The Monitor has previously reviewed letters to group homes granting this permission.

The Monitor first measured this outcome post-receivership using July 2003 data and found that 37% of children were residing in groups homes with more than eight children placed. CFSA practice has improved in this area by limiting the use of group homes that are contracted for more than eight placement beds to emergency placements and diagnostic and assessment settings.

Foster Home and Congregate Care Licensure

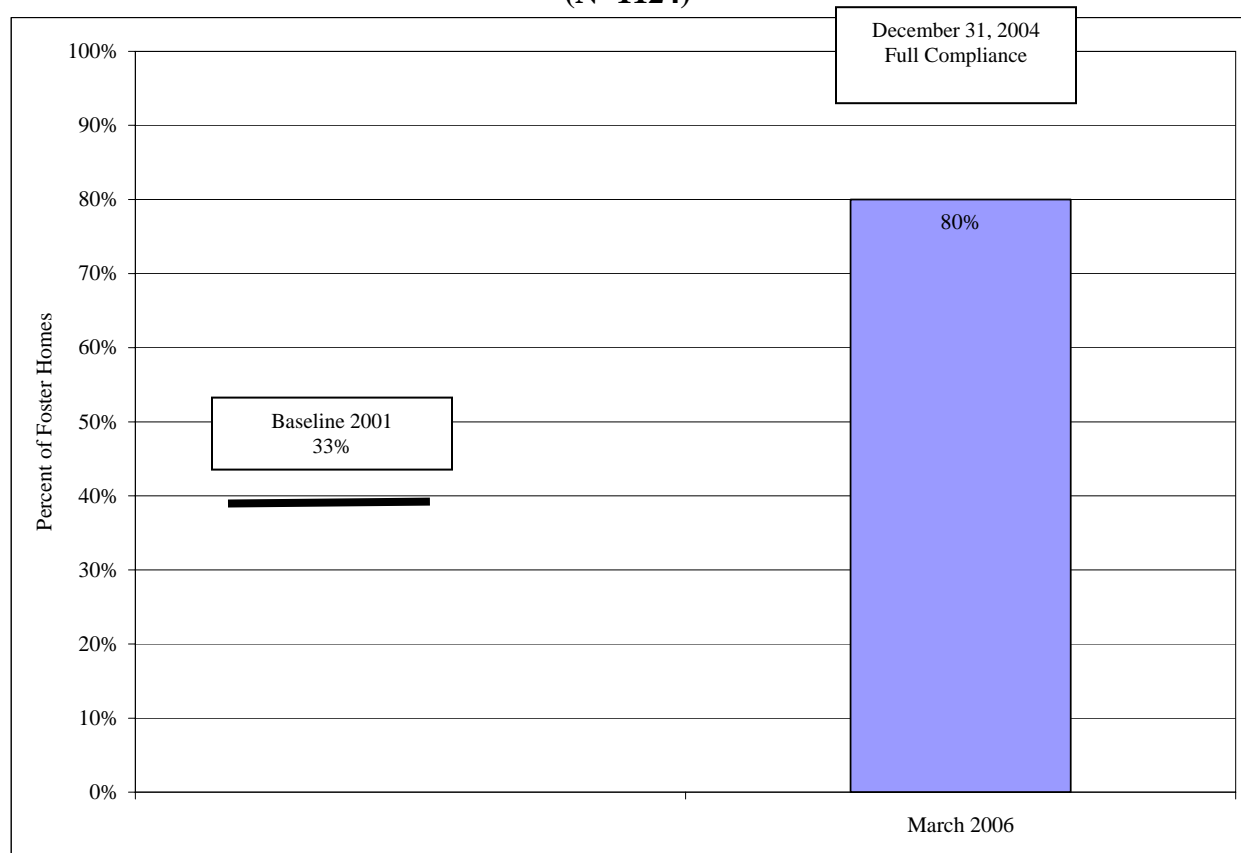
The LaShawn Implementation Plan requires by December 31, 2004 that there be full compliance with the requirement that children be placed in foster homes and other placements that meet licensing and other MFO placement standards.

Foster Home Licensure

As of April 30, 2006, CFSA reports there are 1124 foster homes in which children are placed. Of these 1124 homes, 894 homes (80%) held a current license or were approved through the Interstate Compact for the Placement of Children. This is a slight reduction from the July 2005 performance (81%) but is a significant increase from May 2001 when 33% of foster homes held a valid license. Additionally, the overwhelming majority of homes without a current license have been previously licensed, but the current license had expired. As of April 30, 2006 15 homes had never been licensed and 215 homes had expired licenses. While CFSA has not met the foster home licensing benchmark, there has been significant progress overall. (See Figure 15 below.)

¹⁵ These data do not include adolescents residing in independent living facilities.

**Figure 15: Current Foster Home Licenses
as of April 30, 2006
(N=1124)**



Source: CFSA monthly administrative data

Congregate Care Licensure

As of April 30, 2006, licenses have been issued to 117 group homes and independent living programs. Individual independent living apartment units within larger agencies are each issued licenses and this accounts for the large number of licenses. Of the 117 group homes and independent living programs, 97% of group homes and 69% of independent living facilities had a current license. The current licensure status for congregate care overall is 79%. This is an improvement over the July 2005 performance of 62%. CFSA has made tremendous progress in this area. Historically, there were no standards for group homes and no District licensure requirements. The licensing program for congregate care is relatively new and providers have been adjusting to the standards and to increased monitoring; several inadequate programs have been denied licenses or had licenses revoked, which has resulted in the closing of these programs.

Interstate Compact for the Placement of Children

As of April 30, 2006, the total number of children placed in Maryland was 1,154. Of these, 143 are children over the age of 18. Of the remaining 1,011 children, 652 (64%) are placed with ICPC approval. There were 161 (16%) children with pending ICPC requests. The total number of cases without ICPC submissions was 198 (20%).

CFSA reports the ICPC team is working with the Office of Licensing and Monitoring and the vendors to gather the missing documents – police and FBI clearances and background checks to complete the ICPC packages. A major effort was made in April and May to provide all vendors with a list of each missing document for every home, which delays the submission of an ICPC approval request for each home.

4. Summary of Placement Benchmarks

Placement Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Least Restrictive Setting	80%	Achieved 81% in family-based foster care or the least restrict care setting	Achieved/ No Change
No Emergency Placement Greater Than 30 Days	No more than 25 children	22 children remained in an emergency placement for more than 30 days	Achieved/ Improved ↑
Number of Children in Foster Home Placements	Full Compliance	5% in foster homes with more than 3 foster children 1% in homes with more than 6 total children .32% with more than 2 children under age 2 .22% with more than 3 children under age 6	Achieved/ No Change
No placements in settings in excess of licensed capacity	Full Compliance	73 (4%) placed in foster homes exceeding licensed capacity	Substantively Achieved/ Improved ↑

Placement Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
No Overnight Stays at CFSA Intake Center	Full Compliance	Achieved	Achieved/ Improved ↑
Children Under 12 in Congregate Setting	Full Compliance No More than 20 Children	Substantially Achieved 21 Children	Achieved/ No Change
Benchmarks Not Achieved			
Sibling Placement	75%	61%	Improved ↑
No child under 6 in group-care setting	Full Compliance	10 children under age 6 in congregate care	Improved ↑
Sibling Visitation for Siblings Placed Apart	70%	26% ¹⁶	Improved ↑
Placement 100 miles outside D.C.	No more than 35 children	82 children placed more than 100 miles away in residential settings	Improved ↑
Consideration of Relative Resources	75%	Relative resources considered in 64% of cases	Unable to Determine
Placement Disruption Evaluations	85%	Unable to Determine	Unable to Determine
Reduction in percentage of children who enter care after 1/1/03 who have had 3 or more placements	Full compliance	Unable to Determine	Unable to Determine
Reduction in percentage children in care who have had 3 or more placements in 12-month period	No more than 5% of children	18% resided in three or more placements	Improved ↑

¹⁶ CFSA's Quality Service Reviews suggest more sibling visitation may be occurring than what FACES captures.

Placement Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Not Achieved			
Valid Foster Care and Congregate Care Licenses	Full Compliance	80% foster homes 97% group homes, 69% independent living facilities	No Change Improved ↑
No group-care setting with capacity in excess of 8 children	Full Compliance	34 children (21%) residing in a group care setting in excess of capacity limits	Improved ↑
ICPC	Full Compliance	Maryland Only: 64% with ICPC approval	Unable to Determine

5. Areas for Intensified Action

It was anticipated that CFSA would create a placement process that could match children with the best placement at the very beginning, ensure children receive needed health care during the placement process and all supports and services necessary to keep placements stable. The improvement in the placement process was to be accompanied by the development of a larger pool of foster care placement resources with the training and skills necessary to meet the needs of children in foster care. These goals have not been fully achieved. Strategies to improve the placement process, such as Family Team Meetings, creating the Placement Administration and the on-call program have not been implemented at the level of intensity needed to achieve the outcomes desired.

While there has been progress on most of the requirements, far too many benchmarks remain unmet. Placement remains in crisis mode as there are not enough foster homes with the necessary skills to meet placement needs and insufficient foster parent supports to ensure placements remain stable. Placements for children are still too often made based on bed space availability rather than on a full assessment of the child's needs, matched to skills and the strengths of a particular provider. Additionally, too many children experience multiple placements during their time in foster care. There are 432 children (18%) in the last 12 months who have had three or more placements. With 332 children over age 12 in group homes and independent living facilities, there are also too many teens in non-family based care. CFSA needs to continue to seek family settings for its adolescent population.

Additionally, CFSA must fully resolve its ICPC issues. There are currently 198 children placed in Maryland without the required packet of information submitted to ICPC. The ICPC process has been a particularly troubling placement barrier for the District. While the Monitor believes that greater flexibility and creative solutions are needed from Maryland officials, the District

must ensure its systems support the appropriate placement of children with families in Maryland so that ICPC packets are submitted in a timely fashion and the backlog is eliminated. Many children who currently reside in non-kin foster homes would be able to be placed more quickly with relatives if these issues were resolved. CFSA has recently met with Maryland officials to renew requests for emergency kin licensing in Maryland for relatives of District foster children. The Monitor will report the results of these efforts in the next report to the Court.

CFSA is beginning several important strategies to increase placement options to include redesigning the treatment foster care services, developing specialized placements for children with developmental disabilities or complex medical problems and creating ten to twelve emergency foster home placement beds for children while a more permanent placement is sought. CFSA also anticipates that performance based contracting, expected to be initially implemented in 2007, will improve placement outcomes.

F. Planning

1. Historical Perspective

In 1990, the District's case planning was routinely out of compliance with Federal and District law. Only 38% of children had written case plans. When plans did exist, they often fell short of meeting legal requirements and professional standards. Case plans frequently listed goals, but lacked concrete steps to achieve them and permanency goals were often inappropriate or unrealistic. This is best illustrated by the 1990 finding that one third of a sample of children in foster care had a permanency plan of independent living but were under the age of 3. Over half of children with a permanency goal of return home were in care over 18 months.

2. Systemic Agency Changes

CFSA has made a philosophical shift to emphasize the Agency's responsibility to develop plans with families to ensure the safety, permanency and well-being of their children. This philosophy on case planning is reflected in CFSA's new Practice Model, which reinforces best-practice principles that planning begins as soon as a family enters the child welfare system and aims to ensure that all services and supports are in place to assist the family. The Practice Model also stresses "teaming" as a critical element of effective planning. Social workers are asked to assemble and guide a support team, which includes the family, and to ensure that all parties know about and are supportive of the case plan. Plans and supports are also intended to be responsive to the family's changing needs and circumstances and to support children and families in reaching permanency goals. Additionally, families' permanency goals are now more aligned with the mandates of the Adoption and Safe Families Act.

To help measure the Agency's ability to plan successfully with families, the Quality Service Review (QSR) methodology evaluates case planning. (For more information on QSR findings related to case planning, see Quality of Case Planning below.) To promote standardization and accessibility of case plans, a case plan template is now electronically available through FACES. Individual case plans are also stored in FACES, so that all social workers involved with a family can access the plan.

The Agency has implemented several tools to facilitate case planning, including Structured Decision Making™ (SDM) and Family Team Meetings. SDM tools help social workers assess the strengths and needs of parents and children and the impact of service provision. Social workers are also using SDM™ to inform and enhance case planning and to improve decisions about safe case closure.

In 2005, CFSA instituted Family Team Meetings, a best-practice, to drive the family engagement and initial planning whenever a child is at risk of or removed from home. Family Team Meetings are also now expected to be used whenever a child is at risk of a placement change or has a placement change. It is anticipated that over time Family Team Meetings will become the principle vehicle for planning process throughout a family's involvement with CFSA.

Regarding visitation, CFSA has adopted a Visitation Policy that establishes the importance of visitation and provides procedures to ensure "frequent and purposeful visitation" between social

workers and children, between social workers and parents, and between children and their families. Additionally, CFSA has contracted with the Collaboratives to develop 12 community sites for parent/child visitation. While these sites were designed to facilitate family visits, they also can be used by social workers to visit with parents and children. Although social workers have underutilized the community sites to date, it is expected that increasing numbers of families and social workers will use this readily available service.

3. Benchmark Progress

Case Planning

The LaShawn Implementation Plan requires full compliance by June 30, 2005 with the requirement that open cases have current case plans. The Agency's performance in case planning is described below.

Family Plans¹⁷

There were 1329 family cases open for more than 30 days as of April 30, 2006. Of these 1329 cases, 984 (74%) had a current family case plan, 239 (18%) had an expired case plan and 106 (8%) had no case plan. This compares with May 31, 2001, when 9% of family cases had current family case plans.

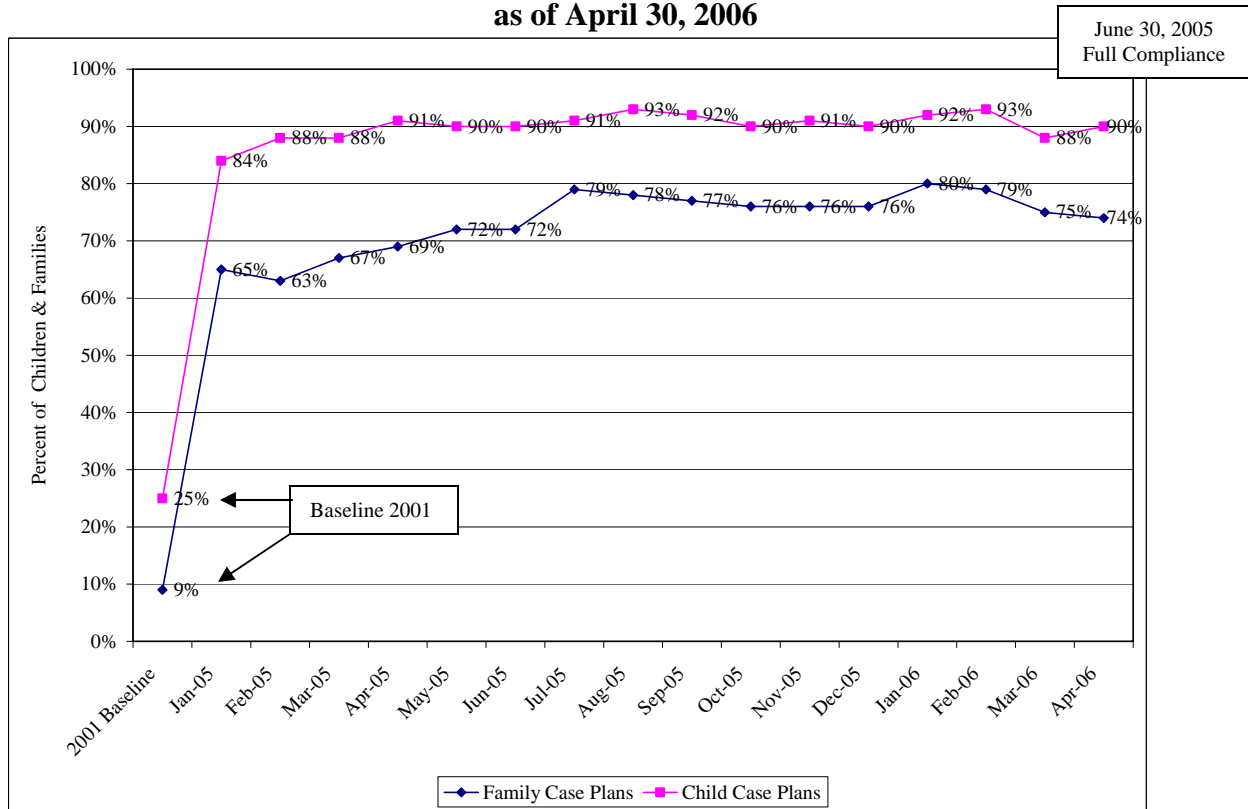
Child Specific Plans

As of April 30, 2006, there were 2435 children in foster care for more than 30 days. Of these children, 2196 (90%) had a current case plan, 205 (8%) had an expired case plan and 34 (1%) had no case plan. This compares with May 31, 2001, when 25% of foster care children had current child specific case plans.

Figure 16 illustrates the trend in case planning for both family and child case plans. Figure 17 includes comparative data from CFSA and the private agencies for in-home case plans and Figure 18 shows foster care case plans.

¹⁷ Family case plans are created with those families where there is: a) at least one child under the age of 21 at home, b) no children are home but at least one child has the goal of reunification and c) no children are at home but at least one child is in a kinship non-foster care 3rd party placement.

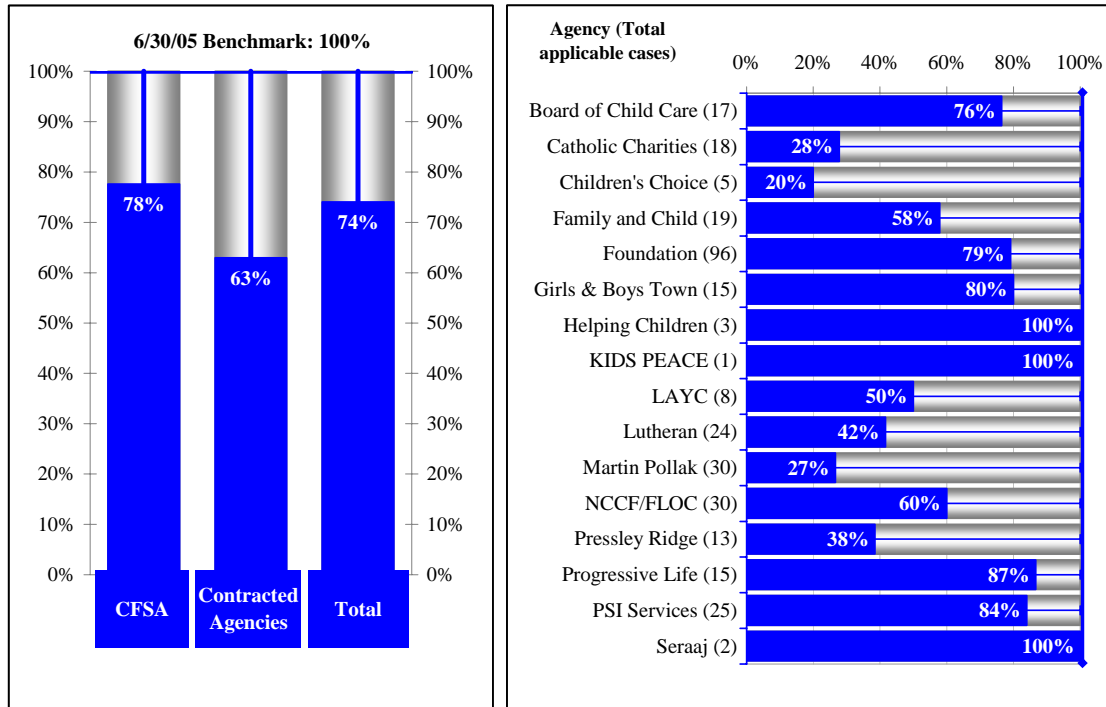
**Figure 16: Current Case Plans for Foster Care Cases and Family Cases*
as of April 30, 2006**



Source: CFSA administrative data

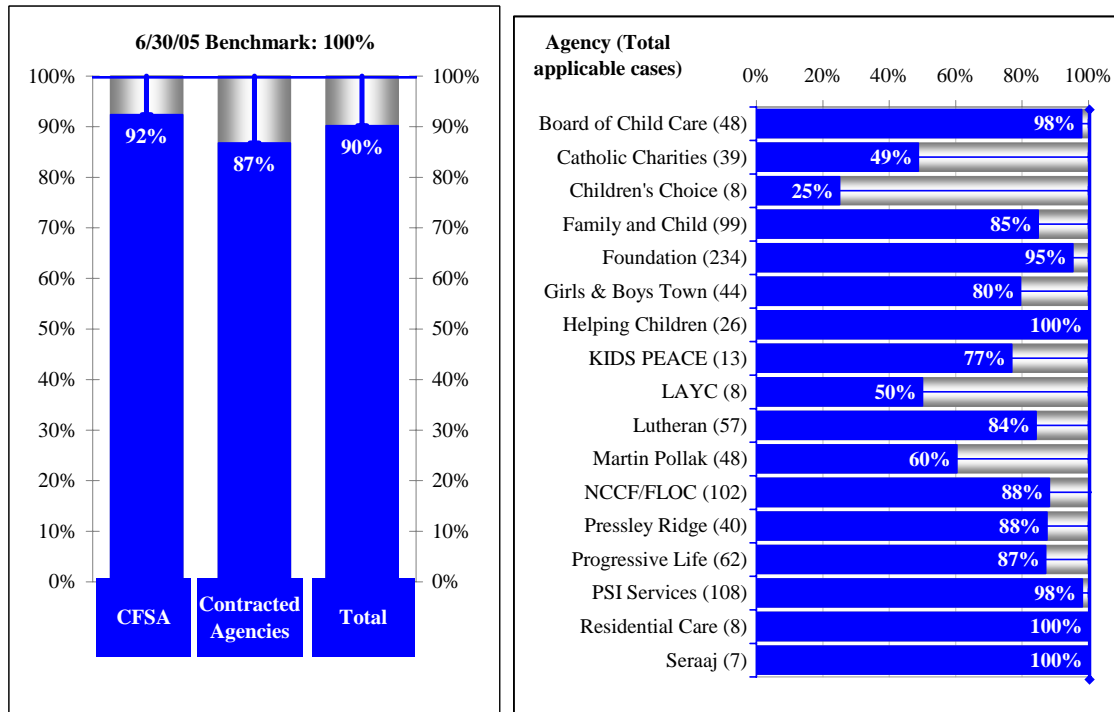
*Cases open for 30 days or more.

**Figure 17: Comparative Data – CFSA and the Private Agencies
Case Plans for In-Home Families as of April 30, 2006 (N=1329)**



Source: CFSA administrative data

**Figure 18: Comparative Data – CFSA and the Private Agencies
Case Plans for Children in Foster Care as of April 30, 2006 (N=2435)**



Source: CFSA administrative data

Quality of Case Planning¹⁸

In accordance with good practice standards, the *LaShawn* Implementation Plan requires case plans to be current, comprehensive and appropriate to needs. The plans should a) reflect the individual needs of the child in placement and the needs of both children and parents as they relate to the permanency goal (by December 31, 2005, 90% of case plans will comply with this outcome); b) be developed in partnership with families and include their informal support network (by December 31, 2005, 90% of case plans will comply with this outcome); c) identify appropriate permanency planning goals (by December 31, 2005, there will be full compliance with this outcome); d) identify specific services and supports and include timetables for plan implementation (by December 31, 2005, 85% of case plans will comply with this outcome); and e) show evidence of supervisory review of case plan progress (by December 31, 2005, 85% of case plans will comply with this outcome).

The Monitor has used Quality Service Review (QSR) methodology to answer questions a – d above. The number of cases reviewed is small and is not a statistically valid sample for research purposes. However, the in-depth review of each case by trained and experienced reviewers with input from staff, service providers and families provides insight into the strengths and needs of the system as well as immediate feedback to CFSA social workers, supervisors, leadership, and the Monitor. The reviews, completed in the fall of 2005 and spring of 2006, each examined 40 cases and assessed performance related to nine core practice functions, including the overall case planning process. Based on a review of the case record and interviews with professionals, family members, and informal supports, reviewers are asked to provide a rating ranging from one through six for each question. In assessing system performance, a rating of one (absent, misdirected or adverse), two (poor) or three (marginal) is considered unacceptable practice while a rating of four (fair), five (good), or six (optimal) is considered acceptable practice.

The fall 2005 review included both cases of children residing in their own homes and children in placement. The spring 2006 review focused exclusively on children residing in their own homes. Although both reviews found that social workers are routinely developing case plans, other findings suggest the need for improvement in each area of case planning. In 13 of the 34 cases (38%) of children in placement reviewed in the fall of 2005, reviewers found acceptable plans that reflected an assessment and understanding of the individual needs of the child in placement and the needs of both children and parents as they relate to the permanency goal and achieving safe case closure.

In 28 of the 40 cases (70%) reviewed in the fall of 2005, fair, good or optimal efforts were made to locate families and engage them in a process of developing case plans in partnership with their informal support network and formal resources working with or needed by them. Results of the spring 2006 QSR of in-home cases indicate that in 21 of the 40 cases (53%) fair, good, or optimal efforts were made locate and engage families and others working on their behalf in planning. One reason for the lower case planning performance with in-home families (the focus

¹⁸ Information for this section comes from the fall 2005 Quality Service Review report produced by Child and Family Services Agency and the results of the Spring 2006 Quality Service Review. The fall 2005 report can be accessed at: <http://www.cfsa.dc.gov/cfsa/frames.asp?doc=/cfsa/lib/cfsa/frames/pdf/Fall2005QSRReport.pdf>

of the spring 2006 QSR) is that more efforts may be needed to engage families who are be involved with CFSA on a voluntary or non-court involved basis.

To measure the extent to which case plans identify appropriate permanency planning goals, the Monitor relied on the QSR question which asks the reviewer to rate the extent to which there is a clear, achievable case goal and plan alternatives; whether everyone involved knows and agrees with what specific behaviors need to change in order to achieve the goal and close the case; and whether there is understanding of the timelines to achieve the goal. During the spring QSR 19 (48%) of the cases were rated as acceptable on this measure. Finally, on the question of whether case plans identify specific services and supports and include timetables for plan implementation, 13 (33%) of the cases were rated as acceptable. CFSA believes that case practice to children in foster care is currently stronger than the services provided to children and families with in-home cases accounting for some of the differences in the fall and spring QSR findings. As described later in this report, CFSA is reorganizing to assign dedicated workers to provide services solely to children and families with in-home cases. CFSA anticipates improvements in the services delivered to these families.

In conclusion, while the agency has made progress in timely preparation of case plans, many case plans lacked outcome-focused goals and/or specific timelines for achieving goals. Assessments were often incomplete or seemingly misinterpreted. Lack of understanding of child and family needs resulted in some case plans that did not address significant issues. Often, social workers did not adjust strategies and services as children and families made—or failed to make—progress toward permanence. CFSA’s focus on the recently released Practice Model in training and supervision of social workers is expected to increase the quality of practice and overall case planning.

Supervisory Review of Case Plans

The LaShawn Implementation Plan requires by December 31, 2005 that 85% of cases will show evidence of appropriate supervisory review of case plan progress. In order for a case plan to be approved and considered up to date in FACES it must first be reviewed and approved by a supervisor. This supervisory check-off for all case plans meets this requirement.

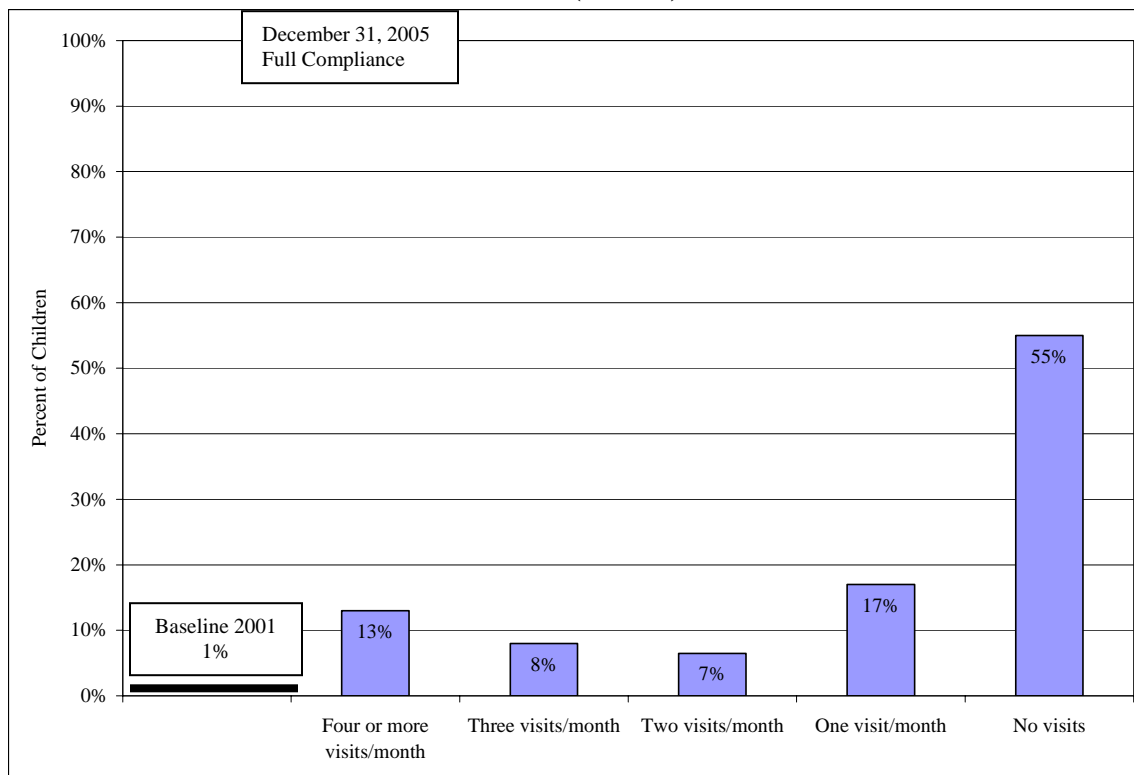
Visits Between Children and Their Parents

The LaShawn Implementation Plan requires that by December 31, 2005, CFSA would be at full compliance for facilitating weekly visits between parents and their children in all foster care cases where reunification is the goal. Of the 444 children in foster care with a permanency goal of reunification, 57 children (13%) had four or more visits in April 2006; 37 children (8%) had three visits; 32 children (7%) had two visits; and 74 children (17%) had one visit with their parents. There were 244 children (55%) for whom there was no documentation that they had any visits with their parents in April 2006. (See Figure 19.) This compares with a May 31, 2001 finding by the Monitor that only one percent (1%) of children with a reunification goal visited with their parents on a weekly basis.

Although the number of parent/child visits has increased since December 2005, the Monitor continues to be deeply troubled by the low number of visits. CFSA administrators believe that visits are occurring more frequently in the community but these visits are not being documented by social workers. There is evidence to support this, as the Quality Service Reviews also have

highlighted that CFSA is performing relatively well in maintaining family connections. These disparate data reflect the need for additional analysis. Importantly, however, if a CFSA social worker is actively managing a case, then he or she must be aware of how often visits are occurring and needs to document them accordingly. Such documentation is a critical part of the permanency planning record.

**Figure 19: Visits Between Children and Parents When the Goal is Reunification
as of April 30, 2006
(N=444)**

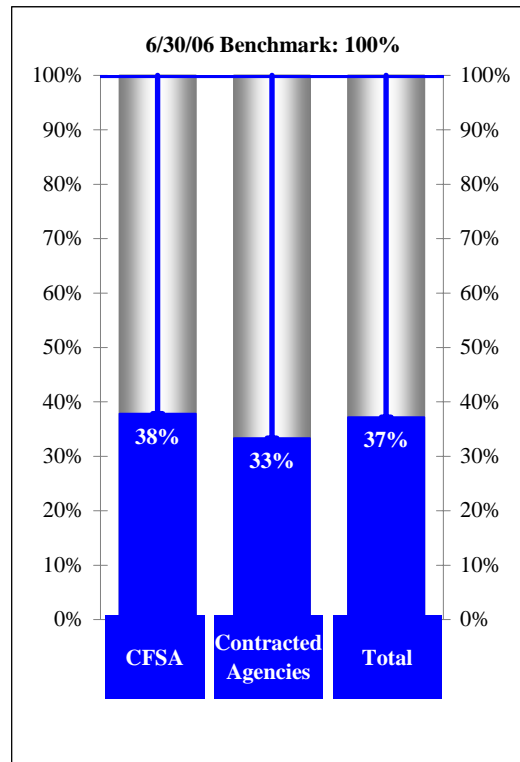


Source: CFSA administrative data

Visits to Parents by Social Workers and Other Approved Service Providers

The *LaShawn* Implementation Plan requires that as of June 30, 2005 the social worker or other approved service provider visit with the parents at least twice a month during the first three months post-placement for 80% of cases (unless there is documentation that parents are unavailable or refuse to cooperate). In April 2006, there were 52 children who had been newly placed into foster care within the past three months. There were 43 parents identified for these 52 children. Of the 43 parents, 16 (37%) received two or more visits from a social worker during the month of April. (See Figure 20 below.) CFSA reports that additional approved service providers are also visiting with some of the parents, but FACES management reports do not yet track these additional visits. CFSA is in the process of proposing a defined list of other service providers to the Monitor. These providers may include homemaker services, family support workers, therapists, etc. Visits by these providers are not systematically entered into FACES. Additionally, FACES is not able to reflect when a parent's location is unknown or if a parent refuses to cooperate with services, which would account for some visits not occurring.

**Figure 20: Comparative Data – CFSA and the Private Agencies
Visits to Parents in the First Three Months of Placement**



Source: CFSA administrative data

Permanency Goals

Table 6 below shows the permanency goals for children in care. As of April 30, 2006, 565 children (23%) had a permanency goal of reunification and 1000 children (40%) had permanency goals of either adoption or guardianship and legal custody. There are 773 children (31%) in custody who have a permanency goal of ‘Another Planned Permanent Living Arrangement’, ‘Independence’, or ‘Long Term Foster care’, which assumes they will remain in the foster care system until age 21 and exit the foster care system. These data highlight the need for continued work to explore all legal permanency options with children, their caretakers and their extended families, as required by the District and the Federal Adoption and Safe Families Act (ASFA). CFSA is working to change its approach to permanency for youth from its historical practice of discontinuing the search for a permanent home for a child once he/she reached adolescence. Currently, two initiatives, Youth Connections and Family Finding, are underway and are aimed at finding a permanent home for adolescents regardless of their age. Other strategies will be forthcoming in the Fall and Winter of 2006. There are 123 children in foster care in April 2006 with no recorded permanency goal, which is unacceptable.

Table 6: Permanency Goals for Children in Foster Care as of April 30, 2006

Permanency Goal	Number of Children	Percent
Reunification	562	23%
Adoption	594	24%
Guardianship & Legal Custody	406	16%
Another Planned Permanent Living Arrangement	654	27%
Independence*	115	5%
Long Term Foster Care*	4	< 1%
Family Stabilization	0	< 1%
No Goal	123	5%
TOTAL	2458¹⁹	100%

Source: CFSA administrative data.

*These are not approved permanency goals under Federal ASFA but are nevertheless set by the District's Family Court in a small number of cases.

The LaShawn Implementation Plan requires that permanency goals for children in foster care will be appropriate to their needs and family's situation and consistent with requirements for permanency in District and Federal law. An appropriate permanency goal is intended to reflect the outcome of a safe, stable and legally permanent family for each child. Permanency goals are recommended by CFSA but are set by the Family Court. The LaShawn Implementation Plan requires full compliance with this outcome by December 31, 2005. Listed below are the number of children with inappropriate permanency goals, as defined by the LaShawn Implementation Plan and the Agency's performance as of April 30, 2006.

- A child under the age of 12 should not have a permanency goal of "legal custody with permanent caretakers" unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person.

In April 2006, no child under the age of 12 had a permanency goal of legal custody with permanent caretakers.

- A child under the age of 12 should not have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, or to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent care takers of the child.

¹⁹ Updated FACES data pulled on July 6, 2006 shows as of April 30, 2006 there were 2458 children in foster care. This number varies from data within this document that shows there were 2455 children in foster care as of April 30, 2006. This variance is due to the way in which FACES data is entered into the system and the times at which the data are retrieved.

In April 2006, no child under the age of 12 had a permanency goal of continued foster care.

- A child under the age of 16 should not have a permanency goal of independent living.²⁰

In April 2006, six children under the age of 16 had a permanency goal of independent living.

- A child should not have a permanency goal of return home if a) both parents have relinquished custody or are deceased or b) the parents cannot be located after a diligent search, not to exceed three months from the child's entering placement or c) a child's parents have been found guilty of repeated serious abuse or neglect of the child or the siblings such that termination of parental rights is appropriate.

In April 2006, 48 children had a goal of return home and the parents met the conditions described in this category. CFSA has conducted a review of 10 of these cases and found that in 9 cases, the goal of reunification was appropriate as the Family Court has approved the goal and parents are involved and working towards that goal. CFSA believes FACES is not accurately reflecting the children who should be in this category and is working to make adjustments to this administrative data report. In addition to these 48 children with an inappropriate goal there are 6 children under the age of 16 with a permanency goal of independent living for a total of 54 children with inappropriate goals.

As of April 30, 2006, 5% of children in foster care had no documented permanency goal. The Monitor first measured this outcome area post-receivership using March 2003 data and found that 7% of children in foster care had no goal.

²⁰ D.C. law allows children 14 and over to consent to adoption or guardianship which means that some children between the ages of 14 and 16 refuse a goal of adoption/guardianship

4. Summary of Planning Benchmarks

Planning Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Supervisory Review of Case Plans	85%	Achieved	Achieved/ No Change
No Inappropriate Permanency Goals	Full compliance	54 children with inappropriate goals 123 children with no goal	Substantially Achieved/ Improved ↑
Benchmarks Not Achieved			
Current Case Plans	Full compliance	74% Family Plans 90% Child Plans	Declined ↓ No Change
Case Plans Reflective of Assessment and Needs of Children in Placement	90%	38% (See October 2005 QSR Report)	Unable to Determine
Developing Case Plans in Partnership with Families and Their Informal and Formal Supports	90%	70% of both in-home and out-of-home cases (See October 2005 QSR Report) 53% of in-home cases (See forthcoming spring 2006 QSR Report)	Unable to Determine
Developing Appropriate Permanency Goals	Full compliance	48%	Unable to Determine
Identification of Specific Services and Supports and Timetables to Achieve Identified Goals	85%	33%	Unable to Determine
Child/Parent Visits	Full compliance	13%	Declined ↓
Social Worker/Parent Visits	80%	37%	Improved ↑

5. Areas for Intensified Action

CFSA has made significant progress in developing case plans, particularly child case plans, securing supervisory review of case plans and using case plans to guide service delivery. Ninety percent (90%) of children in foster care have an up-to-date case plan. The findings of the Quality Service Reviews suggest the overall quality of case planning needs significant improvement, however, in approximately 60% of cases. Two full-scale Quality Service Reviews (conducted in fall 2005 and spring 2006) indicate that case planning efforts need to feature:

- more thorough assessment of child and family strengths and needs,
- greater teaming to ensure a diversity of input and better coordination of case plan goals, and
- increased child and family participation that is meaningful and that enables children and families to address needs as they define them.

CFSA has committed to using Family Team Meetings as one strategy for encouraging substantive child and family involvement in planning, but is not yet fully implementing this promising strategy nor achieving its potential for practice improvement.

CFSA's inability to meet parent/child and parent/social worker visitation benchmarks is another problematic area that points both to the need to intensify front-line efforts to ensure that visits occur and to improve documentation of visits. According to FACES 13%, of children visited with their parents on a weekly basis and 37% of parents were visited twice a month by a social worker in April 2006. The fall 2005 Quality Services Review shows that parent-child visitation is occurring more frequently than is being documented by social workers. Between May 2005 and April 2006, CFSA reunited 450 children with their families. Children need to see their parents and the Agency must make every effort to facilitate those visits. Further, it is impossible for social workers to determine if reunification is appropriate or how to best support reunification if visits do not occur. The empirical research is clear that social worker visits are critical to achieving better family outcomes.

Compared with historic practice, CFSA has made progress in identifying appropriate permanency goals for children in its care; however, the Agency must enhance its work on behalf of those children and youth with goals that assume these clients will remain in the foster care system until they exit at age 21. Persistent and proactive efforts are needed to explore all legal and viable permanency options with children and youth, their families and their caretakers. Additionally, it is unacceptable 5% of CFSA's total foster care population do not have a recorded permanency goal.

G. Adoption and Post Adoption

1. Historical Perspective

At the time of the LaShawn trial there were long delays in three critical adoption practice areas: setting appropriate permanency goals when children were not expected to return home; transferring the cases of children whose permanency goal was adoption to the adoption branch and legally terminating parental rights to free children for adoption. Only 110 children out of approximately 3000 children in care in a system where average length of stay was approximately five years, had a permanency goal of adoption and only one third of those 110 children had been legally freed by the court for adoption. Once children were placed in pre-adoptive homes, their cases did not expeditiously move to adoption finalization. For example, in 1990, 41% of the children with the permanency goal of adoption were reportedly residing in pre-adoptive homes for more than 12 months and 25% for over 24 months. The Agency's ability to move cases to adoption closure was further complicated by the lack of adequate legal counsel to pursue termination of parental rights. Finally, once a child was adopted, few if any supportive services were available to the child and family to aid in stability.

2. Systemic Agency Changes

The District has made significant progress in adoption practice and complying with related federal requirements in the Adoption and Safe Families Act to provide children with permanent homes. The creation of a Family Court for the District of Columbia, vastly improved collaboration with the Court and the dedication of a pool of Office of Attorney General (OAG) attorneys co-located and working with CFSA have contributed to the progress made. Attorneys are now expected to attend administrative reviews of the cases of children who have been in placement for over one year. OAG reports that attorneys attended approximately 95 administrative reviews between January and April 2006. The Agency has implemented systems and practices to more closely track and attend to cases of children who have been in placement for over one year. Termination of parental rights (TPR) petitions are now more frequently filed in applicable cases as required by federal law and steps are taken to ensure that a compelling reason(s) exists and has been reviewed when a termination of parental rights petition is not filed. In addition, representatives of the child-specific recruitment unit now take proactive measures and follow-up with social workers assigned to cases of children with a permanency goal of adoption to ensure a referral to the child-specific recruitment unit when needed.

In efforts to shore up the range of intervention and assistance to pre-adoptive and adoptive families, CFSA has renewed and expanded a contract with Family and Child Services, Inc. for post-permanency services at its Adoption Resource Center. The Center provides training for adoptive parents, support groups for parents and children, information and referral, short-term counseling, and a resource library. They also operate a 24-hour crisis helpline for families. CFSA also contracted with the Center for Adoption Support and Education to provide clinical services to children and families as they go through the adoption process. Adoptions Together, another non-profit agency, worked with CFSA to provide specialized training in attachment issues for Medicaid certified mental health providers in the metropolitan area. CFSA has also dedicated two social workers with adoption experience to staff an internal unit designed to ensure that

needed services are in place for families prior to adoption finalization and that services remain in place post-finalization. Planning is underway to expand the internal unit in the fall of 2006.

For cases managed by CFSA, when a child's permanency goal is changed to adoption, the case is currently transferred to an adoptions social worker. In an effort to maintain continuity of social workers for children and tap into the skills and knowledge base of adoptions' social workers, CFSA has recently decided to restructure internal adoption case management. A new model, which defines the roles and tasks of the respective social workers and supervisors, is in the developmental phase and is slated for implementation in the fall of 2006. More information on this restructuring will be presented to the Court when it becomes available.

3. Benchmark Progress

Table 7 below shows the number and manner of children achieving permanency in 2005. A total of 941 children achieved permanency through reunification (446 children), legal guardianship (214 children) or adoption (281 children). Table 8 reports the same information for January 2006 to April 2006. The reported numbers of adoptions in the first four months of 2006 is lagging behind the Agency's performance during this same period one year ago. CFSA is concerned that implementation of a new District statutory requirement for child protection and criminal background checks in every state in which an adoptive parent has lived or worked since age 18, has slowed down the process of adoption home studies. Legislation is being introduced to limit checks to jurisdictions where the applicant has lived or worked in the past 5 years in an effort to reduce the time requirement. CFSA also believes that the fact that there are fewer children in care and that a higher percentage of children in care have more acute needs, place greater challenges on finalizing adoptions.

It is important to point out that 941 children achieved permanency in 2005 through reunification, guardianship and adoption. This is a significant accomplishment for the Agency as it has moved ever closer to creating a system that values and promotes permanency for children. As the Court will remember, children historically entered the District's child welfare system and remained there for years with a permanency goal of long term foster care.

**Table 7: Children Achieving Permanency
January 2005 – December 2005**

Month	Reunification	Guardianship	Adoption	Total
January	12	16	36	64
February	15	16	10	41
March	32	24	32	88
April	43	26	28	97
May	43	26	23	92
June	43	15	30	88
July	31	13	32	76
August	53	15	27	95
September	31	12	7	50
October	55	17	13	85
November	29	17	20	66
December	59	17	23	99
TOTAL	446	214	281	941

Source: CFSA administrative data

**Table 8: Children Achieving Permanency
January 2006 – April 2006**

Month	Reunification	Guardianship	Adoption²¹	Total
January	38	14	21 (10)	73
February	19	9	10 (8)	38
March	23	5	11 (11)	39
April	28	15	11 (11)	54
TOTAL	108	43	53 (40)	204

Source: CFSA administrative data

²¹ Number in parenthesis is the number of adoptions for which CFSA has received a final decree from the Court.

Adoption and Guardianship Subsidies Grow

As a result of success in achieving permanence for more children more quickly, the District has experienced increases in costs associated with both adoption and guardianship subsidies. The table below illustrates subsidy information for FY 2004 and FY 2005.

**Table 9: CFSA Adoption and Guardianship Subsidy Payments
FY 2004 and FY 2005**

Type of Subsidy	Number of Children	Amount of Subsidy
Adoption		
FY 2004	2105	\$21,403,640.00
FY 2005	2344	\$24,543,597.00
Guardianship		
FY 2004	167	\$1,619,900.00
FY 2005	435	\$4,376,533.00

Source: CFSA

Timely movement towards Adoption

The LaShawn Implementation Plan outlines a number of steps towards a finalized adoption including the requirements that by December 31, 2005:

- 85% of children will reside in an approved adoptive placement within nine months of their permanency goal becoming adoption;
- the Agency will be in full compliance with convening a permanency planning team meeting to develop a child-specific recruitment plan, if needed;
- the Agency will be in full compliance with initiating legal action to free children for adoption within 30 days of a permanency goal change to adoption; and
- 85% of children with a permanency goal of adoption will have their adoptions finalized within 12 months of placement in a pre-adoptive home.

Each of these requirements related to timely adoption practices is described below.

Type of Placement and Timeliness to Pre-Adoptive Placement

The LaShawn Implementation Plan requires by December 31, 2005 that 85% of children will reside in an approved adoptive placement within nine months of their permanency goal becoming adoption. On April 30, 2006, there were a total of 557 children with a permanency goal of adoption. Of these 557 children, 258 (46%) were residing in a pre-adoptive placement. The remaining 299 children resided in an array of other types of placement, with the majority of children in “other placements” including group homes and residential treatment centers.²² (See Figure 21.)

To determine timeliness to pre-adoptive placement, the Monitor reviews data for children whose permanency goal was changed to adoption nine months ago. There were 10 children whose permanency goal was changed to adoption in August 2005. Of these 10 children, 5 (50%) were in an adoptive placement nine months later, as of April 30, 2006.

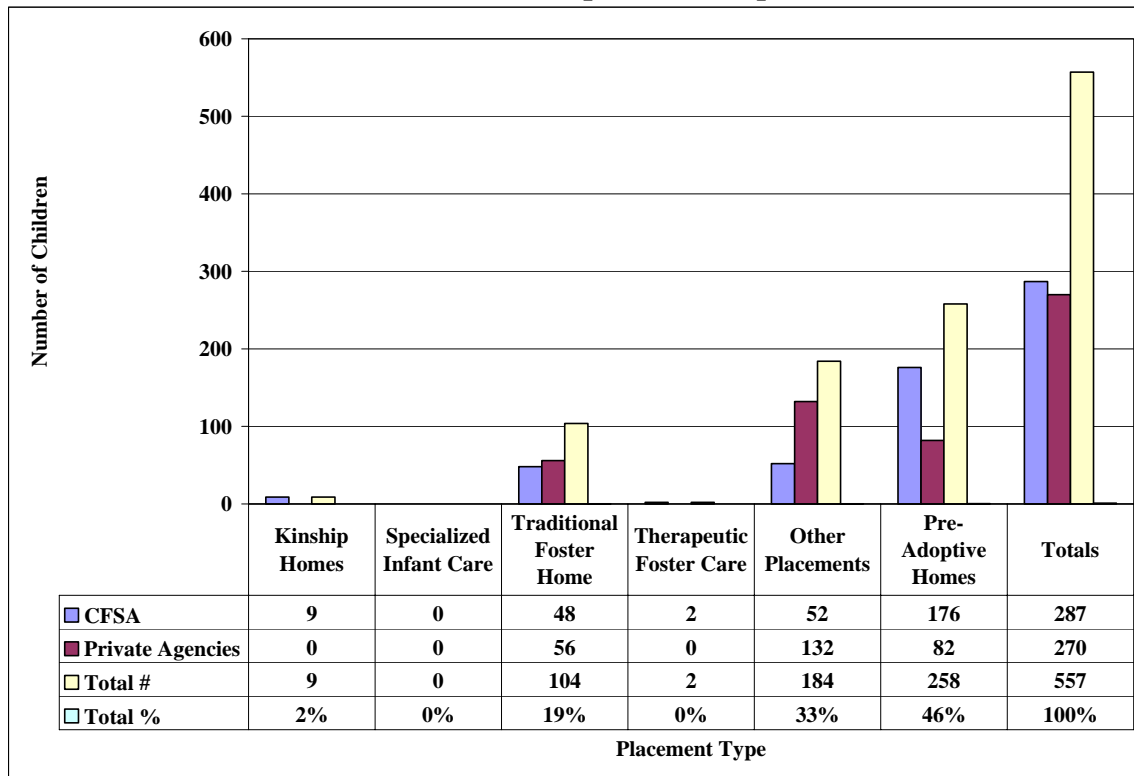
²² CFSA reports discrepancies in the coding of the types of placements in which children reside. Based on individual case follow-up with social workers, CFSA child specific recruitment staff assert that more children with a permanency goal of adoption than coded as not residing in an adoptive placement. (See discussion below in Child Specific Recruitment.)

Child-Specific Recruitment

The LaShawn Implementation Plan requires full compliance with the requirement to convene a permanency planning team and develop a child-specific recruitment plan, if needed, for children within 95 days of changing their permanency goal to adoption. CFSA has not provided data to regarding the timeliness of the development of child-specific recruitment plans but has provided information about activities to ensure that children are referred for recruitment.

The Agency's Child-Specific Recruitment unit routinely tracks those children reported by FACES as having a permanency goal of adoption, not residing in a pre-adoptive home, and not having been referred by their social worker for recruitment. The recruitment unit generated a FACES report which indicated that as of March 31, 2006 there were 340 children with a goal of adoption but not residing in a pre-adoptive home. Based on contacts with each child's social worker and a review of the unit's own record, the unit determined that there were only 16 children with a permanency goal of adoption, who were in need of a specific recruitment plan but had not been referred to the recruitment unit. For example, for 170 of the 340 children, either an intent to adopt had been signed (46 children), an adoption petition had been filed (47 children), or an adoptive resource had been identified (77 children). For 19 children, recruitment was on hold following a Court's order and for 27 children either their permanency planning goal had been changed from adoption (19 children) or there was a high expectation that it was going to be changed at the next court hearing (8 children). The recruitment unit provides updates to the Monitor of the status of recruitment efforts on behalf each child.

Figure 21: Type of Placements for Children with a Goal of Adoption as of April 30, 2006



Source: CFSA Administrative Data

Legal Activity

The *LaShawn* Implementation Plan requires by December 31, 2004 and thereafter that children with a permanency goal of adoption will have legal action initiated to free them for adoption within 30 days of their permanency goal becoming adoption. In order to assess current progress, the Monitor looks at children whose goal has recently changed to adoption rather than the universe of children with a goal of adoption. There were 38 children whose permanency goal was changed to adoption between February 2006 (20 children) and March 2006 (18 children). CFSA reports that legal action was taken for 18 (47%) children in the form of a termination of parental rights motion (14 children) or an adoption petition (4 children).

Adoption Finalization

The *LaShawn* Implementation Plan requires by December 31, 2005 that in 85% of cases, CFSA will make all reasonable efforts to ensure children with a goal of adoption will have their adoptions finalized within 12 months of placement in an approved adoptive home. CFSA provided data on 40 children for whom an adoption was finalized (and for whom the Agency has received a decree) between January 2006 and April 2006. One-third (33%) of those children had resided in their pre-adoptive home for 12 months or less.

Approving Foster and Adoptive Families

The *LaShawn* Implementation Plan requires CFSA to have a process for recruiting, studying and approving families interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 120 days of application. By June 30, 2005, decisions are to be made in 120 days for 75% of applicant families; this requirement increases to 85% on June 30, 2006. CFSA has provided no data related to this requirement. The Monitor will need to do a case review of recruitment, training and home study records to determine the timeliness of this process. However, CFSA must develop an internal tracking system.

4. Summary of Adoption Benchmarks

Adoption Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Notification at the time of adoption finalization of the availability of post-adoption services.	90%	CFSA reports that all families are provided with information about the availability of post-adoption services	Achieved/ No Change
CFSA will make available post-adoption services necessary to preserve families who have adopted a child from CFSA or from a contracted agency.	80%	CFSA has created a dedicated unit, is supporting the Adoption Resource Center, and some mental health services have been expanded to include adopted children.	Achieved/ Improved ↑
Benchmarks Not Achieved			
Children with a permanency goal of adoption in an approved adoptive placement within nine months of goal becoming adoption.	85%	50%	Improved ↑
Children with a permanency goal of adoption; legal action initiated to free them for adoption within 30 days goal becoming adoption.	Full Compliance	Unable to determine (for 47% of children, a termination of parental rights motion or an adoption petition was filed)	Unable to Determine

Adoption Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Not Achieved			
All reasonable efforts to ensure children with a permanency goal of adoption have their adoption finalized within 12 months of placement in an approved adoptive home.	85%	33%	Unable to Determine
Within 95 days of a child's goal becoming adoption, CFSA convene permanency planning team to develop a child-specific recruitment plan, if needed	Full Compliance	Insufficient data	Unable to Determine
Process for recruiting, studying and approving families interested in becoming foster or adoptive parents resulting in the necessary training, home studies and decisions on approval completed within 120 days of application.	75%	No data provided	Unable to Determine

5. Areas for Intensified Action

While more children are being adopted, the reform work is incomplete and the lack of data to measure performance in some critical areas is unacceptable.

CFSA's adoption and permanency policies have yet to be finalized. The Monitor has reviewed and commented on several drafts of both policies and CFSA has engaged a consultant to assist in spelling out the Agency's vision for permanency. An important next step in this development process is the pending restructuring of adoption case management, which is currently under design. Once this large scale change has been agreed upon and finalized, CFSA will work to update the language in both policies. The adoption process at CFSA is likely to remain somewhat unstable until both the redesign and the policies have been fully developed and implemented.

The Monitor is concerned that the extensive work completed in 2005 to develop a system to screen and identify cases in which it was appropriate to file a TPR motion, has not yielded consistent results. CFSA and OAG are aware of current breakdowns in this system, such as delays in notifying the legal unit that files TPR motions that a motion needs to be filed, and has developed new intervention strategies.

Additional foster and adoptive parent recruitment is needed and CFSA is allocating new funds for an expanded recruitment campaign. The District's efforts to recruit both foster and adoptive parents include media campaigns and targeted recruitment at churches and hospitals. Foster and adoptive parents themselves are often the source of referrals of potential foster and adoptive parents to child welfare agencies, particularly when their experience with the child welfare agency has been a positive. CFSA recognizes and has been working to improve the relationships with the foster and adoptive parent community. Having access to a pool of qualified foster and adoptive parents and supporting them in their parenting efforts will help to improve all permanency outcomes for children.

H. Supervision of Placement

1. Historical Perspective

In 1990, the responsibility for recruiting both foster and adoptive parents was assigned to one full-time and one half-time staff. While the CFSD policy required monitoring visits to foster homes and group homes, only half of the 150 foster homes scheduled for review in FY 1990 were actually monitored and only 9 of 23 group homes were monitored. CSSP's first case record review in 1994 collected data on the number of face-to-face and telephone contacts between children in foster care and their social workers for the 17 month period between January 1993 and June 1, 1994. The data revealed a shockingly low level of social worker contact: almost one-third of the cases had no documented home visits by the social worker, although a minimum of 26 visits would have been required in the documented period. More than three-fourths of the sample had a total of four or fewer home visits in the total time period for which data was collected. Many cases had no assigned worker. With so little direct contact, social workers had very little independent knowledge about children's safety and security in foster care.

2. Systemic Agency Changes

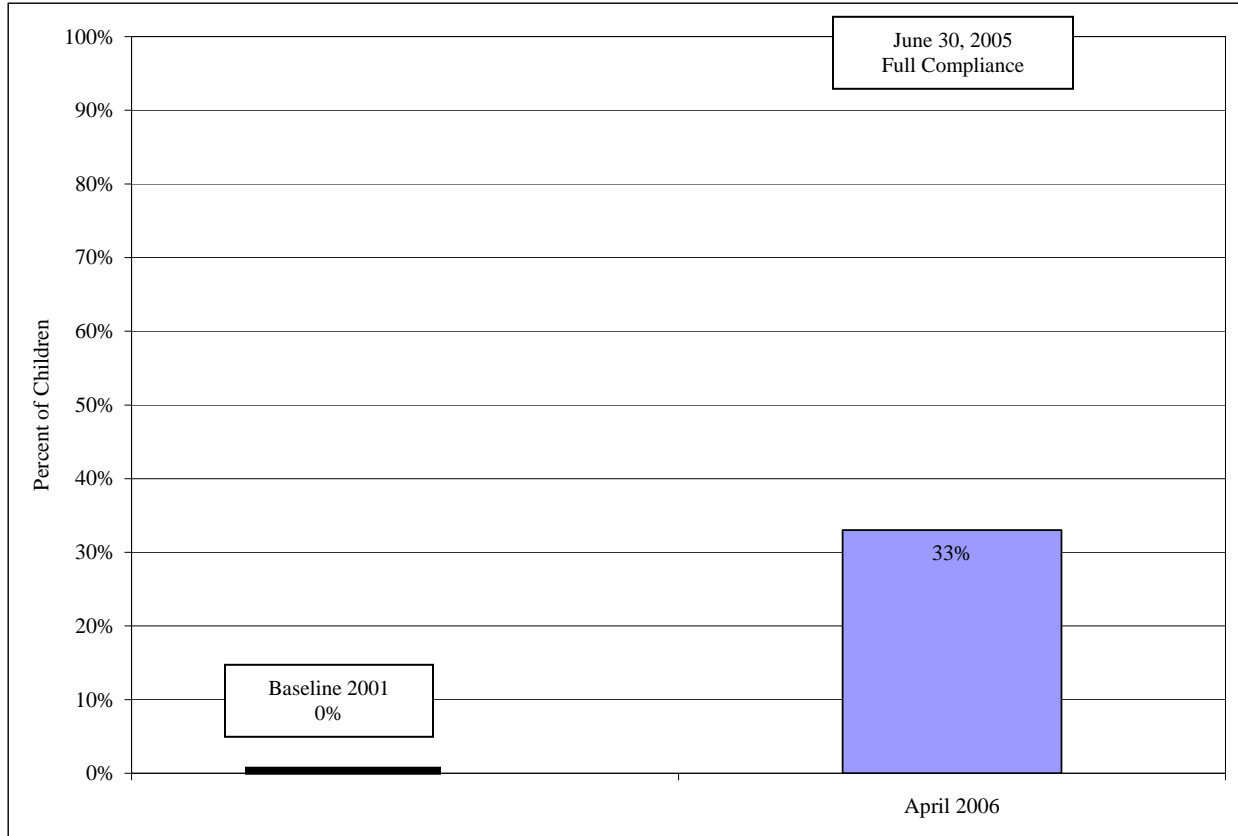
CFSA has greatly improved the way in which it supervises placements of children in foster care. CFSA assigns workers to each child and family; foster families know their workers and the level of contact between families and workers has increased substantially since the end of the Receivership. Workers now use Structured Decision Making™ to determine how often to visit children in their placements based on the risk level. The number of visits computed by Structured Decision Making™ is more than or equal to the requirements of the LaShawn implementation plan. There is greater clarity with regard to case management responsibility when both CFSA and the private agencies are involved with a family, although this remains a complex area of practice. CFSA has improved its relationship with the court and CFSA workers now regularly attend court hearings. Additionally, CFSA routinely conducts administrative reviews of case progress for all children in foster care more than 180 days.

3. Benchmark Progress

Weekly Visits to Children in Foster Care During the First 8 Weeks of a New Placement

The LaShawn Implementation Plan requires CFSA to be in full compliance with the requirement to visit children weekly during the first 8 weeks of a new placement as of June 30, 2005. CFSA has recently developed the FACES capacity to track visits to children in the first 8 weeks of a new placement. On April 30, 2006, there were 209 children in their first 8 weeks of a new placement. Of these 209 children, 70 children (33%) received at least one visit per week of a new placement. There were 110 children (53%) who were visited during the first eight weeks but less than once per week and 29 children (14%) who were not visited at all. In the Monitor's Baseline Report of 2001 it was determined that no children were being visited weekly during the first 8 weeks of a new placement and only 58% had been visited at all. While CFSA has not met the requirement in this area, there has been steady progress against this important benchmark. (See Figure 22 below.) Comparative data for CFSA and the private agencies can be found in Figure 23.

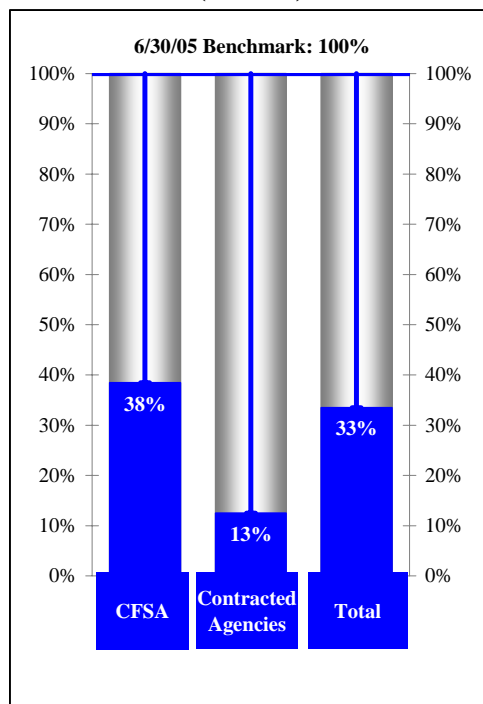
**Figure 22: Weekly Visits to Children in Foster Care
During the First 8 Weeks of a New Placement
as of April 30, 2006*
(N=230)**



Source: CFSA administrative data

*FACES.NET data are likely overstating performance in this area by 10%. The Monitoring is working with CFSA to ensure an accurate reporting of visits in the first eight weeks of a new placement as the Agency transitions to FACES.NET.

Figure 23: Comparative Data – CFSA and the Private Agencies Weekly Visits to Children in Foster Care During the First 8 Weeks of a New Placement (N=230)

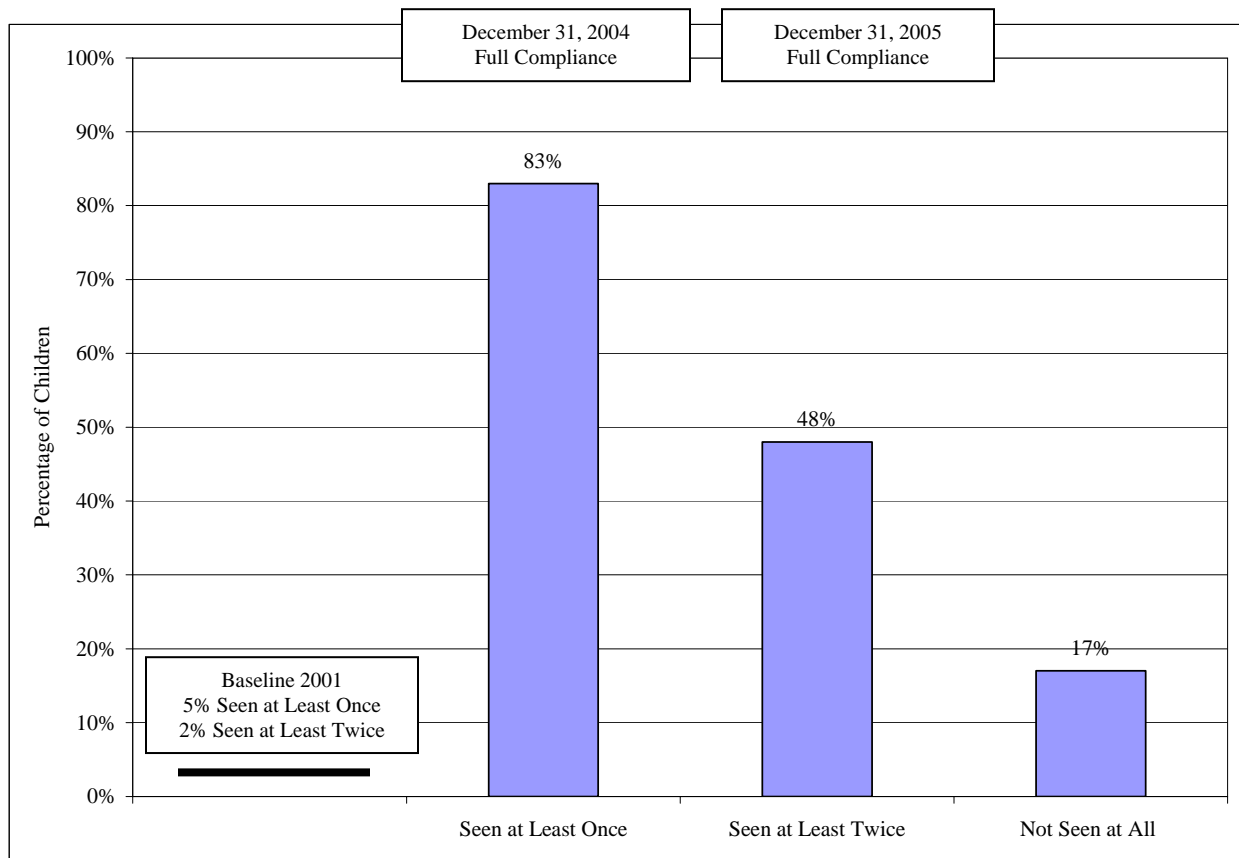


Source: CFSA administrative data

Monthly and Twice-Monthly Visits to Children in Foster Care

The *LaShawn* Implementation Plan requires by December 31, 2004 that the Agency be in full compliance with monthly visits to children in foster care. The *LaShawn* Implementation Plan also requires by December 31, 2005 that the Agency be in full compliance with twice monthly visits to children in foster care. In April 2006, there 2345 children in foster care placed in D.C., Maryland, and Virginia. Of these 2345 children, 1949 children (83%) were visited at least once during April. During the same period, 1124 children (48%) received at least two visits. There were 396 children (17%) for whom there was no documentation of any worker visits in April 2006. This compares with the Monitor's 2001 baseline report, 2% of children were receiving twice-weekly visits and 5% of children were receiving monthly visits. (See Figure 24 below.) Comparative data for monthly visits to children in foster care by CFSA and the private agencies can be found in Figure 25 below.

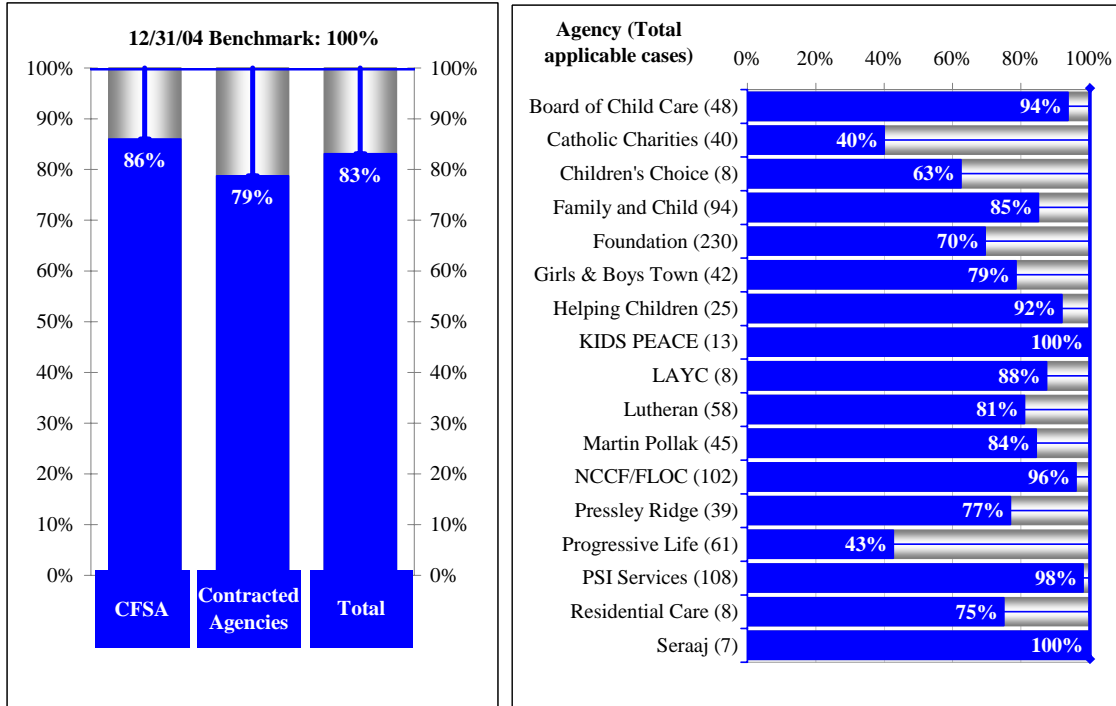
**Figure 24: Monthly and Twice Monthly Social Worker Visitation to Children in Foster Care as of April 30, 2006
(N=2345*)**



Source: CFSA administrative data

*Does not include children outside of D.C., Maryland, Virginia, Residential Treatment Centers greater than 100 miles from D.C. and 3rd Party Placements.

**Figure 25: Comparative Data – CFSA and the Private Agencies
Social Worker at Least Once Monthly Visits to Children in Foster Care
as of April 30, 2006
(N=2345*)**



Source: CFSA administrative data

*Does not include children outside of D.C., Maryland, Virginia, Residential Treatment Centers greater than 100 miles from D.C. and 3rd Party Placements.

4. Summary of Supervision of Placement Benchmarks

Supervision of Placement Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
CFSA has not achieved any Supervision of Placement benchmarks			
Benchmarks Not Achieved			
Weekly visits during first 8 weeks of placement	90%	33%	Declined ↓
Monthly visits	Full Compliance	83% (17% included no documentation of worker visits during month of April)	Declined ↓
Twice-monthly visits	Full Compliance	48%	No Change
Performance-based Contracting	Full Compliance	CFSA is developing performance-based contracting capacity. Contracts are expected mid-2007.	Improved ↑

5. Areas for Intensified Action

Visits with children in care are an opportunity to review children's safety, develop and solidify a relationship with the child and their caretakers, track the child's progress, assess for placement stability and ensure both the child and caretakers needs are being met. Social worker visitation that does not meet the LaShawn Implementation Plan requirements continues to be a concern. Additional progress is needed to meet the supervision of placement benchmarks by visiting children and foster parents in their homes as required by the LaShawn Implementation Plan and CFSA policy and documenting these visits in FACES.

CFSA reports that a number of strategies have been put in place to increase visitation including expanding the automobile fleet by contracting with Zipcar and Flexcar and leasing 50 parking spaces for workers to use their own cars for visitation. Caseload equalization efforts are underway that are expected to bring caseloads of all workers to no more than 15 cases. Additionally, CFSA is in the planning process to create dedicated in-home and out-of-home units and geographic assignment of cases so that workers can more intensely focus their efforts.

I. Case Review

1. Historical Perspective

Historically, the District failed to conduct federally required administrative reviews of progress for children in foster care. In 1990, only 28% of applicable cases had a current administrative review. Data from that time shows that few cases eligible for either an administrative or judicial review received a review in a timely manner. Without these reviews, there were extremely limited checks and balances in place to ensure children were moving towards permanency nor remaining in inappropriate placements for extended periods of time.

For many years, CFSA furnished monthly status reports on correction action activity and progress. In the 1990s, the Agency tracked children in nine corrective action categories that were included in the *LaShawn* Modified Order and provided monthly data on those children. In March 1992, for example, a total of 675 children were in corrective action status. The Agency implemented a screening and review process to track children in corrective action status and partnered with the Monitor to develop action plans to resolve problems and correct individual case specific issues. The intent was to resolve individual children's issues and simultaneously correct systemic issues that resulted in children entering corrective action status. The Agency's administrative review process strived to cover children's corrective action issues as part of permanency planning discussions. The Agency routinely reported to the Monitor on its progress in developing needed strategies and resources to effect corrective action, as well as demonstrated efforts to analyze factors contributing to children entering corrective status.

2. Systemic Agency Changes

Case reviews are held at CFSA to assist with decision-making and to monitor child safety, well-being outcomes, and track progress of children and families toward achieving permanency goals. Administrative Reviews are a mechanism for review, decision-making and permanency planning for children in foster care. In 2005, CFSA implemented a new administrative review process, including scheduling, notification of desired participants, tracking data related to overall performance of the Administrative review unit as well as child specific needs, and the creation of review summaries detailing the outcomes of the reviews. Additionally, the Family Court within the District's Superior Court, holds timely permanency hearings and provides routine judicial oversight and case review.

CFSA has also developed internal capacity to carry out quality assurance functions required to assess the quality of case practice. CFSA established a Quality Improvement Administration (QIA), which has developed annual quality assurance plans and conducts a range of quality assurance activities. As part of these efforts, the QIA conducts bi-annual Quality Service Reviews (QSRs). The QSRs provide a qualitative look at the functional status of children and families and the child welfare system's ability to support them. A QSR Unit now exists within the QIA and staff specialists are trained in managing the reviews. In fall 2005, a QSR of 40 cases involving children in foster care and in child protective services cases was completed primarily using internal CFSA staff supplemented with staff from the Monitor and other qualified external consultants. QSR results were reported to social workers, supervisors, program managers and

executive management to inform policy and procedure, resource development and training. The Agency recently completed a spring 2006 QSR of 40 in-home cases; the data from this review and an accompanying action plan will be available in late summer.

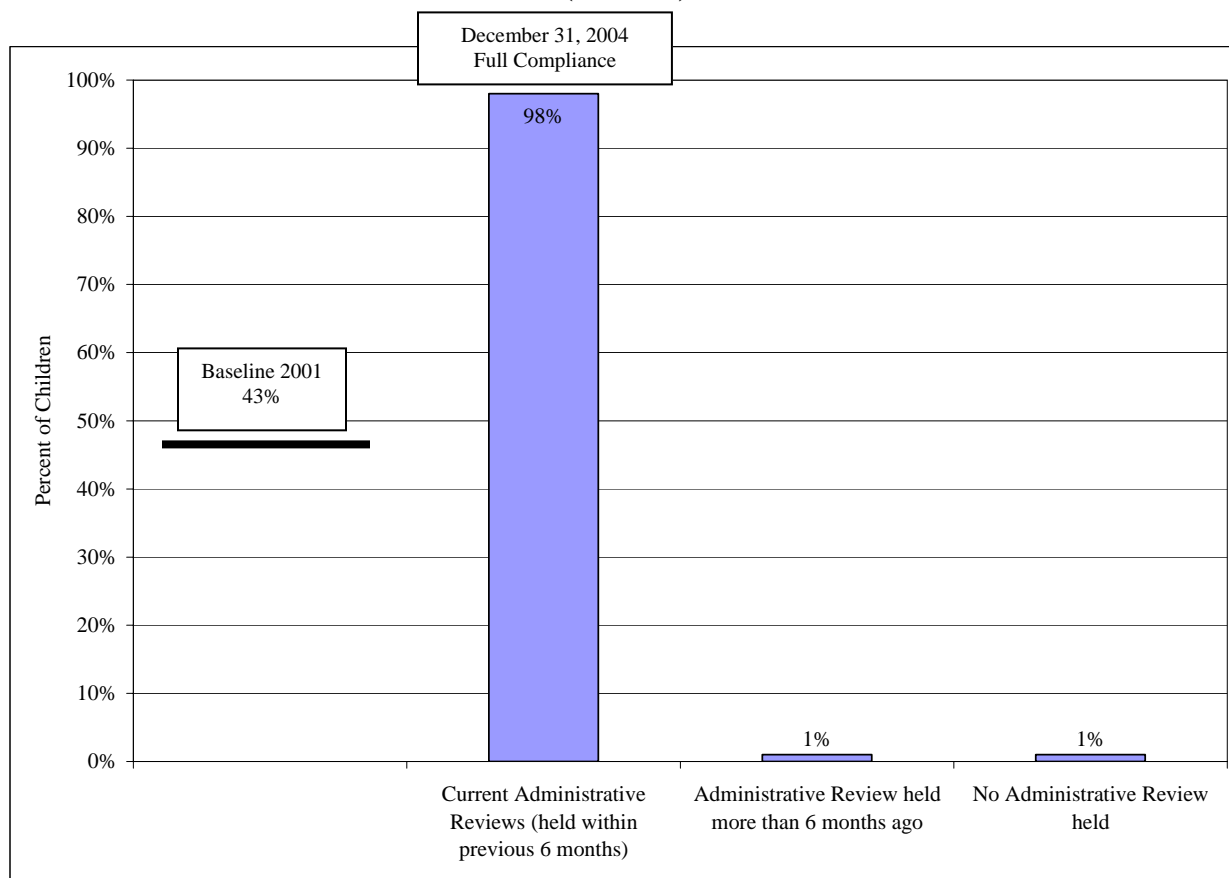
3. Benchmark Progress

Administrative Reviews

The *LaShawn* Implementation Plan requires by December 31, 2004 that there will be full compliance with the requirement that all children in foster care receive an Administrative Review within 180 days of entering care and every 180 days thereafter. In April 2006, of the 2455 children in foster care, there were 2234 children who had been in care 180 days or more. Of these 2234 children, 2187 (98%) had an Administrative Review in the last 180 days. There were 31 children (1%) who were overdue for an Administrative Review and 16 children (.7%) who have been in care more than 180 days and have never had an Administrative Review. (See Figure 26.)

This compares with the Monitor's finding, in May, 2001, that 43% of foster care cases had a current Administrative Review.

**Figure 26: Administrative Reviews for Children in Foster Care as of April 30, 2006
(N=2234)**



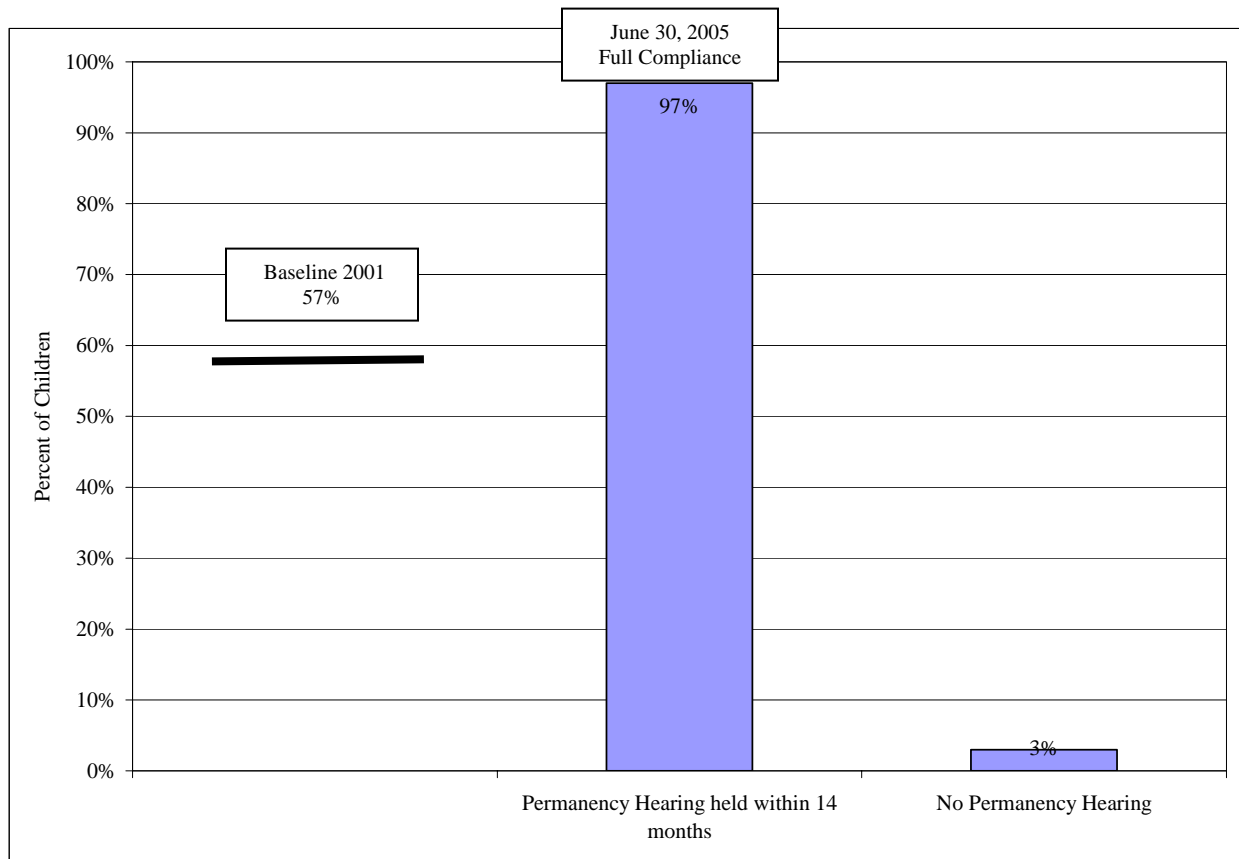
Source: CFSA administrative data

Permanency Planning Hearings in Family Court

The LaShawn Implementation Plan requires by June 30, 2005 that there will be full compliance with the requirement to make every reasonable effort to ensure children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement. On April 30, 2006, there were 845 children who had entered care within the past 18 months. Of these 845 children, 433 children have been in care for 14 months or more as of April 30, 2006. Of these 433 children, 420 (97%) had a Family Court permanency hearing within 14 months of entering care. The remaining 13 children (3%) have not yet had a permanency hearing. Children in care more than 18 months are not included in this data set in order to reflect current practice. (See Figure 27.)

This compares with the Monitor's finding as of May 31, 2001 that 57% of children in foster care for 14 months or more had a permanency hearing in court.

**Figure 27: Permanency Hearings in Court for
Children in Foster Care 14 Months or More
(N=433*)**



Source: CFSA administrative data.

*Number of children who entered foster care in the 18-month period between November 2004 and April 2006 and who have been in care 14 months or more by April 30, 2006.

Quality Assurance

The LaShawn Implementation Plan requires CFSA to have a fully implemented quality assurance system by September 30, 2005. The quality assurance system must have sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers.

In January 2004, CFSA developed its Quality Assurance Plan. The ambitious plan proposed to draw together multiple parts of the agency under the leadership of the Quality Assurance Division in order to implement a broad quality assurance process that would systematically review, measure, evaluate and support agency services. The goals of the Quality Assurance process included providing high quality and timely information to senior management, to each program area, to other agencies and to individual supervisory units regarding the strengths and weaknesses of CFSA practice and outcomes in order to promote a culture of improvement and accountability. CFSA management remains highly committed to maintaining a comprehensive Quality Assurance agenda although not all of the ambitious goals of the original plan have been met.

The Office of Organizational Development & Practice Improvement (ODPI) was created effective in January 2006 with a deputy director who reports to the Agency director. The goal of this new office is to consolidate and elevate a number of critical, but previously fragmented, organizational development and quality improvement functions within CFSA. Specifically ODPI is to oversee data collection and analysis and develop practice guidance to improve CFSA's achievement of qualitative standards in the LaShawn Implementation Plan. ODPI plans to direct all activities of CFSA's Quality Improvement and Training Services Administrations, both of which play roles in professional development and assessment. ODPI is spearheading provider performance improvement strategies, including implementation of CFSA's performance-based contracting initiative. The Office is also supporting the institutionalization of the CFSA Practice Model which articulates the overarching goals and values guiding CFSA's work.

In June 2006, CFSA's Quality Improvement Administration (QIA) publicly issued a Quality Assurance Report. The Report highlights gains the Agency has made as well as challenges it has faced in the areas of Quality Improvement, Investigations, In-home Services, Placements, Permanency and Post-Permanency, Youth Transitioning from Care, Resource Development, Health Care, FTMs, Licensing, Contracts, and Revenue Enhancement. The document also recommends next steps in each of those areas.

CFSA's current QIA staffing includes three supervisory positions, one for each unit (Quality Assurance, Quality Services Review, and Child Fatality Review). Two supervisory positions are vacant. QIA also has two program analyst positions in its Quality Assurance unit. One analyst position is filled and a selection has been made for the other. Two of the four QSR specialist positions are filled and a selection has been made for another. Two of three Child Fatality Review specialist positions are filled and a selection has been made to fill the other position. Even with full staffing, particularly in the Quality Assurance and the Quality Services Review units, the Monitor does not believe the current staffing plan of QIA meets the capacity needed to carry out the continuous quality improvement agenda planned for ODPI. This is an ongoing process by which an agency makes decisions and evaluates its progress by identifying,

describing and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions.²³

One important improvement is the development of the Quality Service Review (QSR) process. In October 2003, the Monitor encouraged and assisted CFSA to add a method of qualitative review to the Agency's established assessment procedures. The QSR method looks at outcomes for individual children and families to identify system strengths and areas that need improvement. This qualitative approach supports and complements quantitative data from FACES. Together, quantitative and qualitative data provide a broader understanding of family dynamics and needs and performance of the service delivery system.

Since 2003, CFSA has progressively internalized the QSR process. In early 2004, CFSA's Quality Improvement Administration (QIA) established a QSR/Case Practice Unit to develop and implement QSRs twice a year. In the fall of 2004, CFSA and the Monitor worked with community partners and consultants from Human Systems and Outcomes, Inc. (national experts in the QSR process) to develop a QSR protocol specific to child welfare in the District. In 2005, with the Monitor's support, CFSA reviewed 50 cases using the QSR methodology. These reviews provided extensive information about the quality of case practice. At the time of this report, CFSA had recently completed a review of 40 in-home cases using the QSR methodology. The preliminary findings from the spring 2006 QSR are included in this report and the full QSR report is anticipated in late summer.

Case Specific Reviews

The LaShawn Implementation Plan requires CFSA to conduct case specific reviews in corrective action categories as described below. By June 30, 2005, CFSA is required to ensure that appropriate case specific reviews occur for all applicable cases.

- Cases with four or more reports of neglect or abuse concerning a single child, single perpetrator or single family
- Cases in which a child has been placed in four different placements, excluding a return home
- Cases in which a child has a plan of return home for more than 24 months
- Cases in which a child has a permanency goal of adoption for more than one year and has not been placed in an adoptive home
- Cases in which a child has been returned home and reentered care more than twice and has a plan of return home

The purpose of this requirement in the Court Order is to ensure an added level of case accountability for children in an unacceptable status. These reviews need to be conducted regularly and with a clear process for collecting and using the information both at the child level and at the system level. While the Monitor recognizes that some of these reviews have occurred through the Administrative Review, Family Team Meetings and other case staffings, it is also

²³ National Child Welfare Resource Center for Organizational Improvement (2005) Using Continuous Quality Improvement to Improve Child Welfare Practice: A Framework for Implementation. Contact: Peter Watson, Director of the National Child Welfare Resource Center for Organizational Improvement, at pwatson@usm.maine.edu or (207) 228-8330 for information.

clear that CFSA has struggled to determine how these reviews should be conducted, by whom and under whose authority. CFSA recently developed a schedule of tasks, reviewed by the Monitor, to begin a phase-in process to meet this requirement. The tasks include development of a management report that includes child-specific information. The first quarterly report with child-specific information will be provided to the Monitor in September 2006.²⁴

4. Summary of Case Review Benchmarks

Case Review Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Administrative Reviews	Full compliance	98%	Achieved/ No Change
Permanency Hearings	Full compliance	97%	Achieved/ No Change
Benchmarks Not Achieved			
Creation and Support of Quality Assurance (QA) System	Full compliance	CFSA continues to build its QA capacity	Unable to Determine
Case Specific Reviews	Full Compliance	Not implemented	No Change

5. Areas for Intensified Action

To achieve its quality assurance ambitions, CFSA must further develop and strengthen the capacity of its Organizational Development and Practice Improvement Administration to analyze and use quantitative and qualitative data, conduct ongoing research, analyses, and special studies, and provide reports of agency progress and needs.

CFSA also needs to continue to strengthen its capacity to conduct Quality Service Reviews (QSR), to include reviewing 80 cases per year, and use this tool as its primary quality assurance mechanism. While CFSA has done tremendous work to create QSR capacity through development of a dedicated unit, the Monitor continues to contract with external experts to conduct many of the reviews. With current QA staffing, CFSA does not appear to have sufficient resources to independently to carry out semi-annual QSRs. CFSA must enhance its work to use the results of the QSR at the macro system level – in training, with other public agencies and with community-based stakeholders. Recent work to develop and implement a practice model as a result of the QSR findings is an important step in this process.

²⁴ CFSA has also proposed modifications to the review categories, which are currently under consideration by the Parties.

J. Caseloads and Staffing

1. Historical Perspective

Throughout the 1990's and until fairly recently, inadequate staffing levels contributed to a number of the District's performance failures. As of July 1990 approximately 50-55 of the 162 social worker positions authorized for CFSD were vacant. The *LaShawn* testimony highlighted two deficiencies accounting for high vacancy rates: a failure to aggressively recruit new staff and a failure to provide incentives to retain staff once they were hired. Because of staff shortages, workers carried overwhelming caseloads in excess of professional standards. Instead of the recommended 12 investigations per month per worker, Intake and Crisis services workers (Investigations) in the District were assigned approximately 30 or more new investigations per month. Intensive Services workers carried caseloads averaging 49 or more cases, far in excess of the standard 15-20 cases per worker. With an average of 59 families per worker, Continuing Services workers exceeded the Department standard of 35-40 families per worker, already an unacceptably high caseload. Inadequate staffing was found to be the principle source of CFSD's inability to comply with federal and state law in many cases.

2. Systemic Agency Changes

Over the past several years, the District has increased the number of staff it employs and in doing so has dramatically decreased the caseloads of case carrying social workers. The ratio of supervisors to social workers has also improved. The District now has access to regular data regarding staffing and caseloads through improved Human Resources functions and FACES. Managers use these data to make decisions about case assignment and workload for individual workers and units.

3. Benchmark Progress

Staffing

Table 10 below compares July 2005 and March 2006 staffing levels for CFSA supervisors, social workers and social work associates. As of March 28, 2006, CFSA had filled 879 of 906 funded positions out of 953 approved FTEs and there were start dates for an additional 29 employees, which would increase staffing to 908 filled positions. This translates to a vacancy rate of 4.72% against the 953 approved FTEs (and 0% against the 906 funded positions in March 2006). The vacancy rate continued to decrease and on May 22, 2006, the vacancy rate was 3.78%.

Staffing levels at the Agency held steady during the past year. The total number of social work staff on July 31, 2005 was 360 and on March 31, 2006 was 366. During this same period, the number of available social work positions held steady at 419.

Table 10: Social Work Staffing as of July 31, 2005 and March 31, 2006

Position	Total Filled Positions		Vacancies		Total Positions Authorized	
	<i>2005</i>	<i>2006</i>	<i>2005</i>	<i>2006</i>	<i>2005</i>	<i>2006</i>
Supervisors	63	73	13	2	76	75
Social Workers	273	265	46	50	319	315
Social Work Associates	24	28	0	1	24	29
<i>Total</i>	360	366	59	53	419	419

Source: CFSA administrative data

There have been some funding cuts for personnel in the Council approved FY 2007 budget, which is awaiting Congressional review and approval. While the total CFSA budget increased to \$257 million in FY 2007 from \$255 million in FY 2006, there is a reduction of \$982,789 in the personnel line item. CFSA reports this cut may exert spending pressures and affect its staffing and caseload reduction plans over the coming year. The Agency is prepared to return to the District Council to request additional funds if funding pressures increase. However, for the first time in several years, a PayGo fund has not been created to absorb requests later in the year and it is unclear if additional funds will be available.

4. Summary of Caseloads and Staffing Benchmarks

As Table 11 above illustrates, the Agency is in substantial compliance in achieving the adoption caseload benchmarks. The remaining caseload requirements have not been achieved although caseloads are substantially lower than in prior years.

Table 11: Caseloads for CFSA Social Workers as of April 30, 2006

Type of Work	Requirement	April 30, 2006 Performance	Direction of Change
Benchmarks Achieved			
<i>Adoptions</i>	12 adoption cases (December 2004 Full Compliance)	3 of 31 workers (6%) with more than 12 adoption cases (3 workers with 13-14 cases)	Substantively Achieved/ Improved ↑
<i>Supervisory Responsibility</i>	No more than 5 workers and 1 case aide	9 of 120 (8%) supervisors with more than 5 workers	Substantially Achieved/ No Change
Benchmarks Not Achieved			
<i>Investigations</i>	12 investigations per worker (June 2004 Full Compliance)	20 of 50 investigators (40%) with more than 12 investigations ²⁵ (7 workers with 13-16 cases; 6 workers with 17-20 cases; 5 workers with 21-28 cases and 2 workers with 32+ cases.) (17 cases were being managed in Intake that should be transferred to on-going units)	No Change
<i>Case Carrying Workers*</i> Family Cases and Foster Care Cases	17 cases per worker** (December 2004 Full Compliance)	40 of 263 workers with more than 17 total cases (15%) (18 workers with 18- 20 cases; 21 workers with 21-27 cases; 1 worker with 28-35 cases.)	Improved ↑
<i>Home Study</i>	30 cases per worker (December 2004 Full Compliance)	No Data Provided	Unable to Determine

²⁵ CFSA reports the number of social workers with caseloads over the required 12 dropped in June 2006 to nine workers. These data need to be validated by the Monitor.

Type of Work	Requirement	April 30, 2006 Performance	Direction of Change
Benchmarks Not Achieved			
<i>Supervisors & Managers Carrying Cases*</i>	No supervisor will be responsible for cases except when a worker leaves without notice and then for only 5 days (December 2005 Full Compliance)	66 of 120 supervisors with cases (55%) (44 at CFSA & 22 at private agencies)	Unable to Determine Previous data provided by Monitor undercounted supervisors with caseloads
<i>Unassigned Cases</i>	There will be no unassigned cases (September 2003 Full Compliance)	Data Not Available	Unable to Determine

*Does not include social workers or supervisors in training units. Includes both CFSA workers and private agency workers.

** The *LaShawn* Modified Final Order requires workers to carry no more than 17 family cases, 20 foster care cases or 12 foster care cases of children with special needs. The Agency is currently held to a standard of no more than 17 total cases. The Monitor will be working with CFSA to determine ways to assess the number of special needs children on each case load.

Source: CFSA administrative data from week ending 4/30/06.

5. Areas for Intensified Action

CFSA is working to restructure several areas of its practices including adoptions and in-home and out-of-home care services. These changes are expected to have significant and positive implications for caseloads. Additionally, CFSA has proposed an interim caseload restructuring plan, which is under consideration by Plaintiffs. This plan would reduce the overall number of cases carried by each worker to a maximum of 15 cases and creates a formula that will ensure that workers carrying cases of children with special needs will be weighted so that any worker who has 12 special needs cases will have no additional cases. CFSA will be using a standardized Levels of Care process for determining the special needs status of children. This altering of caseload requirements as an interim plan is under consideration by Plaintiffs but has not yet been resolved. All approved restructuring activities are expected to be completed by the end of the year.

K. Training

1. Historical Perspective

During the 1980s, the District's staff development and training activities were insufficient to adequately prepare social workers and their supervisors to carry out their responsibilities. Although workers were required to have master's degrees in social work, little if any formal training related to child welfare was provided. Most training was done under the auspices of the Superior Court and the District's Office of Personnel and was primarily procedural. In June 1990, training was reinstituted for new workers at the direct service level for the first time since October 1988. This training was limited to social workers hired after January 1989. No training was available for new supervisors or any staff hired prior to January 1989. Additionally, no budget existed for training, the new worker training was not based on workers' needs and there was no use of outside training expertise in either curriculum development or training delivery. The testimony at the LaShawn trial found the lack of training particularly indefensible since federal funds were available to pay for 75% of the costs of most child welfare training.

2. Systemic Agency Changes

CFSA maintains an in-house Training Administration, which is currently staffed with 10 full-time employees to carry out an annual plan to provide training to support practice and system change. Pre-service training is consistently provided to all new workers who are employees of CFSA to include both classroom training and on-the-job training, which provides up to six months of development for new workers before they assume responsibility for a full caseload. New workers receive 160 hours of classroom training over a period of three months interspersed with on-the-job training, far exceeding the 80 hours required by the LaShawn Implementation Plan. Private agencies, however, while held to the same training standards are not using the training resources available to them through CFSA.

3. Benchmark Progress

Training for New Workers

The LaShawn Implementation Plan requires by December 31, 2003 that all new workers hired by CFSA and private agencies with case management responsibilities under contract will receive 80 hours of pre-service training. Seventy-seven new workers were hired by CFSA and the private agencies in 2005 and employed as of December 31, 2006. Of these 77 workers there is documentation that 31 (40%) received the required 80 hours of pre-service training during 2005.

There is a significant difference between CFSA and the private agencies as it relates to pre-service training. CFSA hired 24 workers during 2005 who remained employed as of December 31, 2006. Of these 24 CFSA workers, 23 (96%) completed 80 hours of pre-service training during 2005. During the same period, there were 53 workers hired by the private agencies. Of these 53 private agency workers, 8 (15%) received the 80 hours of pre-service training during 2005.

CFSA reports the private agency pre-service training rates are a result of the change several years in the training program which increased training beyond the 80 hours required in the LaShawn MFO and spread the training among several months. These changes created issues with the private providers, who assign cases as if workers would complete training within the first two weeks of employment. This issue is further complicated by the fact that CFSA funds private agencies on a cost-reimbursement basis for the cases they accept and manage. The private agencies assign cases to their social workers at the beginning of pre-service training, and in many cases, the social workers then attend to the cases as opposed to completing new model pre-service training. In addition, the private agencies do not follow the training unit model for on-the-job training that CFSA includes in their program.

To address these issues, CFSA in collaboration with the private agencies, revised the private provider agency training to a three week continuous classroom training program. The private agencies committed to ensuring that workers attend this revised version of the classroom training, which is expected to increase their rate of training completion. The first pre-service provider agency training occurred in June 2006.

It is clear CFSA has developed the internal capacity to provide and document pre-service training while the private agencies are lagging far behind expectations. As with all LaShawn Implementation Plan requirements, the pre-service training expectations apply equally to CFSA and the private agencies under contract. Corrective action is needed immediately to improve the provision of pre-service training in the private agencies.

Training for Previously Hired Workers

The LaShawn Implementation Plan requires by June 30, 2005, that 80% of previously hired workers will receive 40 hours of in-service training annually. This requirement increases to 85% on June 30, 2006. To assess this standard, the Monitor looks at workers who have been employed by the Agency for at least two years and remain employed at the end of the calendar year in which the training is to be received. Workers in their first year of employment are not reviewed as they are completing the pre-service hours during that period and do not have a full calendar year to complete in-service training. CFSA reports there were 232 workers at CFSA and in the private agencies who meet these criteria. Of the 232 workers, 61 (26%) received the required 40 hours of in-service training during 2005.

CFSA reports that it is working to develop training, coaching and mentoring at the supervisory level to increase the number of training hours received by the frontline staff. The Monitor will review these plans prior to the implementation to ensure that the quality of training provided in this manner is similar to that provided in a classroom setting. In general, the Monitor supports a model of training that includes supervisory coaching and mentoring as long as the coaches and mentors can demonstrate that they have the appropriate skill level.

The private agencies are performing better than CFSA on in-service training. Of the 232 workers described above, there were 195 CFSA workers. Of these, 40 (21%) received the required 40 hours of in-service training. Of the 37 private agency social workers, 21 (57%) received the required in-service training. CFSA reports training data is not entered into FACES in a timely manner for the private agencies and the data may therefore undercount the number of private

agency social workers who have received the required training. Additionally, social workers may be attending training events outside of CFSA and receiving continuing education credits as required by the District's social worker licensing program, which requires all social workers in the District to receive 24 hours of training every two years. CFSA has not developed the capacity to consistently track these training hours.

Training for New Supervisors

The LaShawn Implementation Plan requires new supervisors to receive a minimum of 40 hours of pre-service training on supervision of child welfare workers. The training is to begin within three months of assuming supervisory responsibility and the training is to be completed over a five month period. By June 30, 2005, there was to be full compliance with this requirement.

The Monitor looked at all of the supervisors hired during the first half of 2005 who remained employed as of December 31, 2005 to determine their training patterns during the first eight months (training is to begin within three months and is to be completed over a five month period) of tenure in supervisory positions. There were 9 supervisors hired by CFSA and the private agencies during the first half of 2005. Of these 9 supervisors, 8 (89%) received the required training during 2005.

Training for Previously Hired Supervisors

The Implementation Plan requires by December 31, 2005 that all previously hired supervisors will receive annually a minimum of 24 hours of on-going training. To assess this training area, the Monitor looks at supervisors who have been employed by the Agency for at least two years and remain employed at the end of the calendar year in which the training is to be received. Supervisors in their first year of employment are not reviewed as they are completing the pre-service hours during that period and do not have a full calendar year to complete in-service training. CFSA reports there were 44 supervisors hired by CFSA and the private agencies before 2004 and remained employed as of December 31, 2005. Of these 44 supervisors, 30 (89%) received the required in-service training during 2005.

Of these 44 supervisors, 39 were hired by CFSA and 36 (92%) received the required training while 6 were hired by the private agencies and 3 (60%) received the required training during 2005.

Training for CFSA Administrators and Managers

The LaShawn Implementation Plan requires by December 31, 2005 that administrators are to receive a minimum of 24 hours of training annually. There are 15 administrators and managers at CFSA hired prior to 2004. Of these 15 administrators, 13 (87%) received the required 24 hours of training during 2005. CFSA is working to provide training data for those administrators and managers hired in 2005.

Foster and Adoptive Parent Pre-Service and In-Service Training

CFSA's tracking of foster parent pre-service and in-service training is incomplete and does not yield valid or reliable data on this performance measure. These data are not tracked by FACES, but rather manually by the foster parent training coordinator at CFSA for non-contracted foster parents and by individual private agencies for contracted foster parents. These multiple data

tracking systems have resulted in insufficient data to measure progress. The Monitor is working with CFSA to develop better data on this measure.

Judicial Training

As previously reported, CFSA provided training in FY 2005 to the Magistrate Judges on Family Team Meetings, therapeutic foster care and on foster parent recruitment. In FY 2006, CFSA provided training to the magistrate judges on the CFSA Practice Model and to Domestic Relations Judges on the Hotline System. CFSA reports that increased training and information sharing, along with improved practices at the Agency, has resulted in a decrease in the number of Show Cause orders from the Court during the past year.

CFSA has provided joint training with supervisors and assistant attorney generals to promote team work and a successful judicial process with a focused on planning for permanency, compelling reasons, court room presentation skills, and of termination of parental rights.

4. Summary of Training Benchmarks

Training Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Judicial Training	Full Compliance	Multiple Judicial Trainings Offered	No Change
Benchmarks Not Achieved			
Worker Pre-Service Training	Full Compliance	40% Total 96% CFSA 15% Private Agencies	Declined ↓
Worker In-Service Training	80%	26%	Unable to Determine
Supervisor Pre-Service Training	Full Compliance	89%	Improved ↑
Supervisor In-Service Training	Full Compliance	89%	Improved ↑
Administrator and Manager Training	Full Compliance	87%	Improved ↑
Foster Parent Pre-Service and In-Service Training	Full Compliance	No Data Provided	Unable to Determine

5. Areas for Intensified Action

CFSA has not met any of the benchmarks related to training. While significant improvements have been made in providing pre-service training to workers hired by CFSA, there remains much work to be done by the private agencies. In-service training is a significant issue for both CFSA and the private agencies. It is clear that CFSA and the private agencies are not partnering on the training of workers or of foster parents. A consistent training approach with clear tracking is needed as a first step in resolving the poor performance in this area.

L. Resource Development

1. Historical Perspective

Throughout the 1990's, there was minimal capacity and few attempts to identify gaps in services and resources. The range and scope of formal and informal supports accessible to families and children had not been dependably explored and documented. The District's capacity to develop resources for children in placement, their caretakers, and their parents, as well as children living in their own home and their parents and caretakers was also inadequate. Agreements and working relationships with other District agencies responsible for the well-being of families and children did not exist, were outdated or existed only on paper in long-ignored Memorandums of Understanding.

2. Systemic Agency Changes

As required by the LaShawn Implementation Plan, CFSA's Office of Planning, Policy and Program Support completed a resource development needs assessment in 2003 and another two years later in 2005. The 2003 assessment explored resources needed for foster care placement, services to children and families and community based services. The findings indicated major needs for substance abuse treatment, affordable housing and mental health services for children. CFSA has made significant progress in addressing those needs including partnering with the District's Addiction and Prevention Recovery Administration (APRA) to provide on-site substance abuse specialists at CFSA; partnering with APRA and the Family Court to develop, implement and monitor the Family Treatment Court Program; and establishing a collaboration with the Department of Mental Health (DMH) to expand mental health resources. In FY 2005 CFSA transferred funds to APRA to cover the costs of joint development, implementation and monitoring of a pilot Intensive Outpatient Substance Abuse Treatment for women involved with CFSA. In FY07 APRA intends to create a continuum of care to include day treatment and outpatient services. The Effective Black Parenting Program, an evidence-based parenting model was incorporated into the pilot program and will be a component of treatment for all clients referred by CFSA.

CFSA has developed the Office of Clinical Practice, which includes psychologists, a pediatrician, seven nurses and clinical specialists in the areas of substance abuse, mental health and domestic violence. These clinicians are available for consultation and case work to support all workers at CFSA.

3. Benchmark Progress

Needs Assessment

The 2005 needs assessment focused on steps for internal improvement and provided an update on the planning resulting from the 2003 needs assessment. Five research questions guided the 2005 assessment:

1. What services, resources, and/or supports can help prevent families and children from entering the child welfare system?

2. What services, resources, and/or supports do CFSA birth parents need, particularly to achieve the goal of reunification?
3. What services, resources, and/or supports can help to maintain youth and young adults in stable out-of-home care?
4. What is CFSA's need for services and training regarding community and domestic violence?
5. What are the implications of the HIV/AIDS epidemic for CFSA youth, staff, resource partners, and providers?

CFSA used data from interviews, surveys, focus groups, FACES, program areas in the agency, and District and National statistics to inform the assessment. Major findings included the need to:

- provide clarity about the capacity of the Collaboratives including determining the needs they are able to address for and with families, and implement a process of feedback between CFSA social workers and Collaborative staff;
- increase community-based support groups for parents involved with CFSA
- increase partnership activities with the public school system to ensure that educational needs of children and youth involved with CFSA are being met;
- ensure supportive services post-guardianship for kinship caregivers; and
- provide training for social workers and foster parents on caring for HIV infected children.

The Agency has developed the necessary internal capacity to perform a needs assessment and has completed a thorough analysis of the information gathered in the form of a Resource Development Plan. The Resource Development Plan, dated June 30, 2006, is now published each year on a date that brings it more in line with the budget cycle at CFSA. Information from the plan will now be available at the right time to inform the next year's budget planning.

Resource Development Plan

The 2006 Resource Development Plan highlights major initiatives being undertaken by the Agency including the Practice Model, Family Team Meetings, Performance-Based Contracting, Training, and Data Warehousing. The Plan also reviews needs identified, accomplishments made, resources available, and action steps that will be taken in the following areas: Placement and Support Services, Services Needs of CFSA Children and Families, Community and Neighborhood Based Services and Foster and Adoptive Parent Recruitment. Action steps in each area are presented below.

Placement Services

1. Expand the continuum of placement options for youth such as the Teen Bridge Program, a six-month minimum stay option for youth ages 16 to 21 with individualized services to aid in transitioning from child welfare placement.
2. Improve bed capacity among contracted providers through performance-based contracting that is more focused on outcomes such as placement stability and overall quality of care and by establishing emergency foster homes for children who are placed after-hours.

Support Services

1. Ensure greater private agency accountability by continuing the use of and enhancing placement-related scorecards which report on items such as utilization rates and number of homes licensed.
2. Strengthen skills and tools to better assess children in need of specialized care by implementing the levels of care model which determines reimbursement rates based on the needs of children and the support provided by their caretakers to meet those needs.
3. Improve efforts to prevent placement disruptions through the expanded use of Family Team Meetings, researching and implementing models for strengthening sibling connections when siblings are placed apart, and continuing to implement the Family Finding model.

Service Needs of CFSA Children and Families

Mental Health

1. Develop tools to improve communication with birth parents when children are removed from the home. An information brochure for parents about the child welfare system will be developed. Developing printed information on mental health and substance abuse treatment resources will also be explored.
2. Determine the type/structure of service (to address depression) that birth parents would likely take advantage of and find most effective. The home visitation and practices in other jurisdictions will be researched.
3. Submit white paper on proposed alternatives to District's current approach to service delivery to move beyond basic Medicaid services. Other approaches may provide more flexible access to a wide range of mental health services.
4. Implement use of FTMs as part of the District's Department of Mental Health redesigned System of Care for youth entering and existing residential treatment facilities.
5. Continue to incorporate (and enhance) components on coping with trauma, conflict resolution, skill building, drug/alcohol avoidance, and anti-violence in teen programs. The programs include peer-to-peer leadership training for youth from CFSA's Youth

Peer Council, a year-long Rites of Passage program for males ages 15-16 (program for females to begin in 2007), and a city-wide forum to address multiple teen issues.

Substance Abuse

1. Establish a sustainable funding strategy for CFSA's two contracted Intake Substance Abuse Specialists by re-engaging the fiscal advisory Family Recovery Accountability Team, which includes representatives from CFSA, Family Court and the District's Addiction Prevention and Recovery Administration (APRA), to ensure that an appropriate funding stream is identified and accessed.
2. Expand existing continuum of substance abuse treatment and related services to meet the needs of CFSA involved referrals. Use a portion of the federal FY05 appropriation to APRA to support implementation of the Effective Black Parenting Program in conjunction with APRA's existing continuum of care for women's services beginning in FY07.
3. Establish a clear tracking mechanism for CFSA referrals to APRA.

Housing

1. Continue the Rapid Housing Program and increase CFSA's ability to access new FY07 dollars through the Office of the Deputy Mayor for Children, Youth, Families, and Elders. In addition to exploring funding options for the Rapid Housing Program for FY07 and beyond, coordinate with the Deputy Mayor.
2. Increase CFSA's capacity to meet service needs of CFSA's children and families by pursuing a FY08 Shelter Plus Care grant. Funds may be used to assist families involved with the Family Treatment Court as well as families for whom stable housing is a barrier to family preservation or reunification.
3. Maintain the Family Treatment Court Transitional Housing Program with appropriations from the FY05 spending plan.

Child Care

1. Improve communication among all CFSA stakeholders who participate in the child care service delivery continuum.
 - Use the MOU process to re-establish and increase ongoing communication with the District's Early Care and Education Administration (ECEA).
 - Provide resource and referral information on child care to social workers in the Community Resource Directory.
 - Implement CFSA/ECEA inter-agency training on the child care referral and delivery process.

- Disseminate child care referral instructions and resource information agency-wide on a quarterly basis to in-home and reunification social workers.
2. Maximize CFSA financial resources by leveraging expenses for Title IV-E reimbursement.

Youth Services

1. Continue implementation of key action items identified by the White Paper: Revamping Youth Services, Preparing Young People in Foster Care for Independence.
2. Implement pregnancy prevention curriculum through Office of Youth Development.
3. Update CFSA's Education Policy to support improved educational achievement of children and youth.
4. Improve CFSA's data collection regarding education. Request that CFSA share school information regarding children in CFSA's custody.
5. Implement city-wide Transition Center for Youth. Partner with a private entities to provide services to older youth (18-21) as an extension of CFSA's program, Center for Keys of Life.
6. Develop and implement Volunteer Mentor Partnership in FY07. CFSA has applied for Department of Justice funding, \$100,000 per year for four years, to establish a volunteer mentor program. CFSA has dedicated 100,000 to serve 100 youth beginning in FY07.

Domestic and Family Violence

1. Access District resources (District of Columbia Coalition Against Domestic Violence – DCCADV- and the Metropolitan Police Department) to increase awareness and understanding of domestic violence and its impact in children and families throughout CFSA.
2. Collaborate on the On-Call Advocacy Pilot Project with DCCADV. With the support of volunteer advocates, this project would provide after hours counseling and support to 911 callers from Wards 6 and 7.
3. Draft a formal Domestic Violence Policy for the Agency utilizing assistance already offered by DCCADV.

HIV/AIDS

1. Provide mandatory training on universal precautions and HIV/AIDS to CFSA staff, clients, providers and caregivers, and include issues of sensitivity.
2. Review current CFSA policy (and practices) to ensure that CFSA is adhering to HIPPA requirements; policy is consistent with the CFSA Practice Model and local and federal regulations; CFSA social workers are conducting HIV risk assessments as part of initial family assessments; and that there is a protocol for use with families and individuals affected by HIV/AIDS to determine needs.
3. Determine screening guidelines for HIV risk factors and testing procedures where exposure is indicated.
4. Increase foster care youth's awareness of HIV transmission. Disseminate information about support groups for youth affected by HIV/AIDS and identify practitioners skilled in working with youth impacted by HIV/AIDS.
5. Assess support needs of families affected by HIV/AIDS and offer appropriate information about supports and resources.
6. Host roundtable forum in FY07 to address HIV/AIDS in child welfare and raise awareness of pertinent issues.

Community and Neighborhood Based Services

1. Enhance post-foster care tracking system.
2. Continue to refine the referral process to assure that CFSA staff are using the Collaboratives as designed.
3. Develop and support a mechanism to determine the effectiveness of the Collaboratives in preventing child abuse and neglect by electronically identifying cases that enter or – re-enter CFSA after being a Collaborative client.

Foster and Adoptive Parent Recruitment

1. Implement public information campaign to recruit more foster and adoptive homes. A listing of 13 ongoing recruitment activities are outlined in the Plan ranging from partnering with KidSave International to pilot a program of weekend host families to introduce older foster teens to potential adoptive families and partnering with Adoptions Together to present children on a weekly radio show.
2. Disseminate public service announcement developed by the federal government to increase adoption of older youth in foster care.
3. Place Emphasis on recruiting foster parents for teens.

4. Summary of Resource Development Benchmarks

Resource Development Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Resource Development Capacity	Full compliance	Achieved	Achieved/ No Change
Needs Assessment Report	Full compliance	Achieved	Achieved/ No Change
Resource Development Plan	Full compliance	Achieved	Achieved/ No Change

5. Areas for Intensified Action

The Needs Assessment and Resource Development Plan both refer to meeting the mental health and emotional well-being needs of children and families. The District's Department of Mental Health (DMH) is a key partner in this effort. The partnership developed between CFSA and DMH continues as DMH once again renews its commitment to addressing and resolving longstanding issues in its system, some of which have a negative impact on both providers and clients, such as provider payments, and service accessibility. The providers of new specialty services first implemented in the District with federal funds in January 2005 (multi-systemic therapy, in-home and community-based crisis intervention, and mobile response and crisis stabilization) have all struggled to accommodate the DMH referral, authorization and re-authorization systems as the providers transitioned to being primarily Medicaid funded. This adjustment to DMH's system over the past 10 months has threatened the viability of these services. CFSA, stakeholders and the Monitor will continue to address these concerns as the functioning of the mental health system impacts on CFSA's ability to work with families and children and meet expected outcomes.

M. Contract Review

1. Historical Perspective

In the 1990s, the District's Child and Family Services Division, as a part of the larger Department of Human Services, did not have independent procurement authority and it was extremely time consuming and sometimes impossible to contract for needed services. The LaShawn receivership established a contracts office with independent authority but did not compete contracts and did not routinely issue contracts that met District standards for legal sufficiency. Many services were purchased pre- and post-receivership under purchase of service agreements and without adequate contracts in place. Contracts staff were inadequately trained in the District's procurement/contracting system. There was little or no capacity for contract monitoring.

2. Systemic Agency Changes

The LaShawn Order and Implementation Plan requires that CFSA have a functioning contract system that develops procurement for needed placement and services, issues contracts in a timely manner in accordance with DC laws and regulations, and monitors contracts on a regular basis. CFSA is also required to implement a performance-based contract system.

CFSA obtained an independent review of its contracts administration, as required by the LaShawn Implementation Plan, and has implemented or is in the process of implementing recommendations based on the assessment. Some of the recommendations include establishing a strong purchasing organization with an Administrator and capable staff; instituting an effective training and professional development program for Contracts and Procurement personnel; and creating and adequately staffing a Contract Compliance Unit to work effectively with the Office of Licensing and Monitoring.

CFSA created a Contracts and Procurement Administration (CPA) which currently manages over 200 contracts worth over \$150 million annually. Contracts with service providers now incorporate LaShawn MFO and Implementation Plan requirements. Planning is underway to implement a full-scale performance-based contracting system.

3. Benchmark Progress

Staffing of Contracts & Procurement Administration

As of May 31, 2006, CFSA's Contracts & Procurement Administration is staffed as follows:

- Administrator
- 1 Contract Assistant
- 1 Contract Manager – (*candidate selected*)
- 1 Contracts Compliance Officer
- 1 Senior Cost/Price Analyst
- 1 Contract Cost/Price Analysts
- 7 Contract Specialists – (*one vacancy; recruitment in process*)

Ongoing turnover at the administrator's level has reduced both the effectiveness and stability of the Contracts & Procurement Administration. There have been four contract administrators since 2003. This turnover has contributed to a lack of leadership, contracts not being issued on a timely basis and protracted timelines for developing and issuing Requests for Proposals.

The current administrator is acutely aware of these problems and has established several key strategic goals for the next year to improve operations. These are listed below. Additionally, the administrator has implemented a contract tracking system to enable active monitoring of each step of the contracting process. Strategic goals for contracting include:

1. Establish a strong purchasing organization, with a Contracts and Procurement Administrator and staff capable of implementing strategic change.
2. Improve accountability and internal controls and establish meaningful performance measures.
3. Restructure the Contracts and Procurement Administration in order to create a Contract Compliance Unit that works effectively with the Office of Licensing and Monitoring and hire adequate staff for the unit.
4. Institute an effective training and professional development program for Contracts and Procurement personnel.
5. Improve procurement and contracting process function.

Provider Payment Issues

Through one-on-one reconciliation meetings, CFSA and the Office of Chief Financial Officer (OCFO) have been working to resolve outstanding provider payment issues for FY 2005 and have issued close-out letters to 13 vendors. CFSA has reported that despite efforts to reconcile and close-out all FY 2005 and prior year payments, five providers continue to approach the Agency with new requests to reconcile prior years' payments. CFSA and the OCFO have submitted a final request to vendors to identify and settle prior year payments and informed these five vendors (NAAFCA, Foundations, Martin Pollack, Catholic Charities and Lutheran Social Services) that no further reconciliation negotiations for prior year payments will be considered after June 15, 2006.

For FY 2006, eleven vendors have reconciled with CFSA for the first half of FY 2006 (October 2005 – March 2006) and another seventeen vendors have indicated that a reconciliation meeting is not necessary. An additional three vendors did not respond to CFSA's request for a reconciliation meeting. CFSA has reported that quarterly reconciliation meetings with vendors for the first half of FY 2006 (October 2005 through March 2006) were initially delayed due to the transition of the new agency fiscal officer and to ensure that those meetings focus solely on FY 2006 outstanding balances. CFSA has developed a revised schedule for meeting with vendors who desire a meeting and this work is proceeding appropriately.

In FY 2006 CFSA implemented a new invoice process. Vendors now submit their invoices for room and board services to CFSA and an internal reconciliation occurs prior to a payment being issued. While this process was initially implemented as a pilot, all private agencies are now participating.

Leadership at CFSA has demonstrated commitment to ensuring that the vendor community is informed of any issues that arise and affect prompt payment. For example, a delay occurred in generating March 2006 provider invoices from FACES. CFSA's Interim Director and Fiscal Officer immediately notified the provider community in writing about what had occurred and identified steps taken to ensure prompt payment.

Overall, concerns raised by the private agencies have declined significantly, although in some instances providers still report information that is somewhat inconsistent with CFSA's reports. The providers report that CFSA continues to be unable to address the problem of "add-on" discrepancies, that is, reconciling agency records on additional children placed or discrepant dates of placement in CFSA FACES data. They state that while CFSA is making more timely payments, the Agency is not paying invoices in full due to the outstanding problems concerning "add-ons." The providers continue to report concern about CFSA's delay in holding quarterly reconciliation meetings.

A central strategy for improving the timeliness and accuracy of the payment process has been to update and implement key recommendations of the evaluation conducted by Bert Smith and Co. last year. With the assistance of the Ashlin Management Group, Inc. (AMG), CFSA has updated and refined the process maps that track the complex flow of information for each type of provider payment. In doing so, CFSA and AMG have identified many of the process gaps and bottlenecks that produce payment delays and inaccuracies. Many of these process issues have been or are being addressed, and to resolve the remaining issues, this effort will produce two new system reforms. The first is an ongoing quality improvement process where key performance indicators for invoice processing will be tracked by an interdepartmental team to identify where payment problems occur and address them promptly. The second reform is an online invoice tracking system that will improve the flow of information to key process stakeholders in a timely, accountable and controlled manner.

While this reform effort has proceeded on schedule toward implementation, the need for a new invoice tracking system was identified only recently, and has required a diversion of effort to develop this system. The agency responded to this need promptly, however, and has minimized the resulting delay. Completion of this reform process is now scheduled for October of 2006.

Performance Based Contracting

CFSA is fully committed to having performance based contracting implemented by July 2007. This process has proven to be far more extensive and complex than anticipated. CFSA has undertaken a collaborative and transparent process with the provider community to determine how performance based contracting will operate in the District. A series of public roundtables were held to gather information related to the provider community's readiness and interest in participating in this new contracting environment and to determine what process needs to be undertaken to make this a successful contracting operation. This is a tremendous culture change to move from contracting with a provider community that has operated for many years with little accountability for achieving specific outcomes to establishing contracts with payment fees that are based primarily on the success of the contractor to meet the desired outcomes, including those in the LaShawn MFO and Implementation Plan. As we have reported to the Court, CFSA currently includes performance measures in the current contracts and is now reporting publicly

on key performance indicators by provider, but the next step is to including financial incentives and penalties as part of the performance based contracts.

CFSA expects to release a draft Request for Proposal (RFP) in August 2006 and to hold an open forum with interested vendors shortly thereafter to gather information and inform the final RFP, which should be released 30 days after the forum. Both the Monitor and the Plaintiffs will review the RFP, participate in the forum and provide feedback prior to the release of the final RFP.

DCKids Contract

Following issuance of a Request for Proposals, CFSA received a single bid, from Children's National Medical Center (CNMC), the current provider of health care services for CFSA. CFSA will begin negotiations with CNMC this month. The contract will provide health care and health care management for children in foster care in three service areas: 1) 24-hour pre-placement and re-placement medical screenings; 2) a health care clinic providing initial 30-day EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services and primary care and six-month follow-up; and 3) care coordination. Negotiations will occur during the summer, with the final contract being submitted to the Office of Attorney General in mid-August. In September, the contract will be submitted to the D.C. Council for approval. The contract will cover a one-year base period with two (2) one-year option periods. It targets several areas for improving the delivery of health care services to children in foster care, including:

- reduction in waiting time prior to initial screen following removal from home;
- increase in the privacy of children while waiting;
- improvement in and better coordination of case management services;
- improvement in social worker and resource family access to pharmacy services;
- increased overall understanding of professionals in child welfare/child protective services;
- increased multi-disciplinary approach during initial evaluation and throughout the time the child is in care; and
- improvement in monitoring of and tracking for follow-up treatment and care.

Multidimensional Treatment Foster Care

In May 2006, CFSA, in partnership with the Department of Youth Rehabilitation Services (DYRS) and the Department of Mental Health (DMH), issued a Request for Proposals for a contractor(s) to provide Multidimensional Treatment Foster Care (MTFC), a time-limited, intensive community-based treatment provided in a home setting to youth with a history of disruptive behaviors and emotional disturbances. Services are targeted to address the needs of youth who are being served by both the child welfare and juvenile justice systems. In late May 2006, CFSA held a mandatory pre-bidder's conference. CFSA will award a contract to serve a total of 20 CFSA involved adolescents 13 years of age and older and their foster families, as well as their biological families, when applicable. CFSA anticipates awarding the contracts by July 28, 2006.

4. Summary of Contract Review Benchmarks

Contract Review Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
No Reject Provisions	Full Compliance	No Eject/No Reject policy is in place	Achieved/ No Change
Inclusion of Visitation Requirements in Contracts	Full Compliance	Contracts include visitation requirements	Achieved/ No Change
Benchmarks Not Achieved			
Functioning Contracting System	Full Compliance	CFSA continues to develop its contract capacity	Improved ↑
Performance-Based Contracting	Full Compliance	CFSA continues to develop its contract capacity	Improved ↑

5. Areas for Intensified Action

CFSA has worked to develop a functioning contracting capacity but changes in leadership, a complex payment process and at times difficult relationship with the OCFO have created an historical inability to accurately pay providers. These challenges resulted in delayed contracts to the Collaboratives this year, which necessitated contract extensions, bridge contracts and an adjusted contract time frame to maintain on-going funding. The contract process and problems with the Collaboratives is a clear example of the on-going struggles in maintaining an effective and efficient contract administration. New work to include fully staffing the administration and upgrading the skills of staff, , developing the new DC Kids RFP, developing a contracting tracking system, and working towards performance based contracts are a challenging agenda. Stability, consistency and performance are needed in this area.

N. Information Systems

1. Historical Perspective

At the time of the *LaShawn* trial, reliable data about the child welfare system did not exist. While the District had established a WARD Tracking System (WTS), this system was notoriously unreliable and was rarely used. Between 1987 and 1988, there was no automated child protection register, as required by federal and D.C. law. Instead CFSD maintained families and children's names and addresses on 3,000 index cards. The trial highlighted concerns about data integrity, difficulty using the WTS system, and a lack of staff and resources to support the system.

2. Systemic Agency Changes

CFSA has been using FACES, an automated information management system for case management and provider payments, for some time. In 2005, the Federal government certified the system as SACWIS (State Automated Child Welfare Information System) compliant. The District of Columbia is one of 10 jurisdictions to achieve this status, which reflects the Agency's improvement in the quality and use of data. Additionally, CFSA has recently launched FACES.NET as a web-based system, which enables authorized users to access the system, update case records and review client information from any location with Internet access. The District is the fourth jurisdiction to have a web-based system and the first with the Microsoft Windows dot net solution. Such significant progress has been made in this area that FACES staff will be presenting their work at the upcoming National Child Welfare Data and Technology Conference. The District is the only jurisdiction to have both a certified SACWIS and a web-based system.

3. Benchmark Progress

The *LaShawn* Implementation Plan requires CFSA to develop and maintain a computerized information system as well as regularly produce accurate management reports for administrators, managers, supervisors and workers. The initial development of FACES and the more recent FACES.NET, a new web-based technology, is a success story. The automated system provides a platform for case management information that is entered by workers as well as the production and dissemination of data reports to be used by staff for management and decision making.

In addition to the general management and application of FACES, CFSA has developed the capacity to train all workers on the use of the system and provide Help Desk assistance.

As a result of the development of a functional information system that can regularly produce high quality management reports, management staff at CFSA now use data on a regular basis. The use of data has been embraced by the executive leadership team as well as by many front-line supervisors. Additionally, CFSA has developed the capacity to track outcomes and requirements for each private agency who also have access to FACES. This is an important step towards the implementation of performance based contracting, which will rely on private agency

level data on performance. These “Performance Score Cards” are made public on a monthly basis on CFSA’s website at: <http://www.cfsa.dc.gov/cfsa/cwp/view,a,3,q,614813.asp>.

By the end of Fall 2006, all social workers will have laptops on which to do their work with docking stations at their desks. All workers will also have cell phones with text messaging capacities. These technology enhancements will greatly improve documentation and data integrity.

4. Summary of Information Systems Benchmarks

Information Systems Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Develop and Maintain an Information System	Full Compliance	Achieved	Achieved/ No Change
Produce and Use Management Reports	Full Compliance	Achieved	Achieved/ Improved ↑

5. Areas for Intensified Action

As with any large scale transition to a new operating system, FACES.NET has encountered problems related to how the system records, retains and organizes information. CFSA has been tracking these problems and finding solutions on a regular basis. This transition has recently created some data issues with the management reports the Monitor uses to make decisions about the Agency’s progress. The Monitor continues work with CFSA to validate the data produced by FACES and ensure its accuracy. It is anticipated by the next report to the Court that all of the transitional issues will be resolved.

CFSA has been working to develop capacity to look at data on a number of measures related to LaShawn Implementation Plan requirements by cohorts of children based on the year in which they entered care. Researchers recommend that this is a preferred way to look at child welfare outcomes in some areas. While much progress has been made, intensified efforts are needed to develop cohort data to track, among other items, placement stability and progress towards permanency.

O. Financial Development

1. Historical Perspective

Analysis of the District's budgets for FY1985 to FY1988 showed that budgets for the Family Service Administration were often set unrealistically low, in some cases lower than the known base costs. Mid-year adjustments often had to be made in order to cover deficits that were obvious when the budgets were adopted. The testimony highlights that the resources available for child welfare services were unwisely spent with the vast majority of the District's child welfare money used to cover the costs of out-of-home placement for children. Also, federal revenues from Title IV-E of the Social Security Act had been decreasing rather than increasing while very few dollars were being spent on in-home services and family preservation services. The trial testimony stated "DHS' financial system is so weak that the federal government is now disallowing most of the city's claims for Title IV-E funds."

2. Systemic Agency Changes

CFSA currently does a significantly better job of claiming federal Title IV-E funds. In FY 2005 the Agency claimed \$33,462,082 from the federal government. CFSA is preparing for the federal government's September 2006 Title IV-E Secondary Review of a sample of cases for which claims were submitted. CFSA will be rescinding a number of IV-E claims made to the federal government for reimbursement prior to the sample selection. As is the case in many other child welfare systems, cases are found to be ineligible for claiming as agencies perform checks at later stages of a case. These adjustments, however, serve to decrease the total expected federal funding, as will the effects of the recently passed Deficit Reduction Act of 2005. CFSA anticipates a \$3 million impact from the Deficit Reduction Act.

At the present, the agency is adequately resourced with a proposed FY 2007 budget of \$257,405,798, which has been approved by the Council and is awaiting final Congressional approval. There was a \$982,789 reduction in the FY2007 Personnel Services budget, which will likely put the agency in a spending crunch for FY2007 as described in the Staffing and Caseload Section. (See Table 12 below.)

CFSA has been adjusting and keeping foster care rates up to par with the current USDA rates. Currently, CFSA pays foster parents between \$870.17 and \$1050.90 per month for children age 11 and under and between \$925.04 and \$1172.42 per month for children age 12 and over. The rates vary based on the level of placement.

Items of note in the FY 2007 budget include an increase of \$2.8 million for community based services over the baseline budget of \$11.9 million, the Grandparent Caregiver Subsidy Program to support grandparents raising their grandchildren (\$4.5 million) and funding for the Safe Shores Child Advocacy Center (\$400,000). CFSA is currently working to develop a manageable flexible fund account, which they expect will be in place by the start of the fiscal year. The Monitor has approved CFSA's flexible fund policy and looks forward to funding being in place to support the individualized needs of families.

Budgetary oversight has vastly improved and strong leadership and oversight from the D.C. City Council and the Committee of Human Services continue to help the agency improve its financial development.

Table 12: CFSA Budgets – FY 2005 – FY 2007

Funding Source	FY 2005 (Actuals)	FY 2006	FY 2007
Local Dollars	158,579,522	165,473,159	173,701,618
Federal Dollars	38,592,751	40,050,863	33,469,976
Private/Other Revenue	861,780	791,488	768,000
Intra-District (Medicaid/Other)	49,638,200	49,138,007	49,466,204
Total Budget Authority (*incl. reserves and PayGo)	247,672,255*	255,453,477*	257,405,798

3. Summary of Financial Development Benchmarks

Financial Development Requirement	Current Benchmark	Status as of April 30, 2006	Direction of Change
Benchmarks Achieved			
Annual Budget Adjustments	Full Compliance	FY 2007 Proposed Budget \$257,405,798	Achieved/ Improved ↑
Exemption from District-wide Furloughs	Full Compliance	Achieved	Achieved/ No Change
Benchmarks Not Achieved			
Federal Revenue Maximization	Full Compliance	CFSA is working with consultants to increase unacceptably low Title IV-E Reimbursements	Improved ↑

IV. SUMMARY OF PERFORMANCE ON IMPLEMENTATION BENCHMARKS

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
PROTECTIVE SERVICES					
<i>Outcomes</i>					
1. CFSA will staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards	Full Compliance	CFSA maintains a 24 hour system for receiving and responding to reports of child abuse and neglect	Yes	Benchmark Achieved	Full Compliance
2. Investigations will be initiated ²⁸ within 48 hours.	Full Compliance	70%	No	No Change	Full Compliance
3. Investigations will be completed within 30 days.	90%	39%	No	No Change	Full Compliance
4. CFSA will routinely conduct quality investigations. Evidence of acceptable investigations will include:					
a. Child abuse and neglect reports will include evidence of the use of CFSA's risk assessment protocol(s) in prioritizing response times for initiating investigations, and decisions resulting from an investigation	80%	34% investigations rated high quality See February 7, 2006 CSSP Report on Investigations	No	Not Comparably Measured in Prior Periods	
b. Report findings will be based on a full and systematic analysis of a family's situation and the factors placing a child at risk;	80%	See February 7, 2006 CSSP Report on Investigations	No	Not Comparably Measured in Prior Periods	

²⁶ Current Benchmark is the LaShawn Implementation Plan Benchmark with which CFSA must currently be complying. Typically these are either June 2005 or December 2005 Benchmarks.

²⁷ The June 2006 Benchmark column is provided only to show the upcoming benchmark and is not considered the current benchmark. July 2006 data will be used to measure progress against the June 2006 Benchmarks and July 2006 data are not yet available.

²⁸ CPS investigations are "initiated" as defined in Section II.G. of the LaShawn Modified Final Order (MFO)

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
c. Investigations will include appropriate interviews with all children in the household outside the presence of the caretaker, parents or caregivers, and needed collateral contacts or will include documentation, by the worker, of good faith efforts to see the child and that the worker has been unable to locate the child.	80%	See February 7, 2006 CSSP Report on Investigations	No	Not Comparably Measured in Prior Periods	
d. Investigations will show evidence of overall quality.	80%	See February 7, 2006 CSSP Report on Investigations	No	Not Comparably Measured in Prior Periods	
5. Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated in accordance with investigation timeframes and policies.	95%	62% initiated within 48 hours 76% closed within 30 days	No	Improved ↑	
6. CFSA will immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child	Full Compliance	CFSA immediately enters all reports of abuse or neglect into FACES	Yes	Benchmark Achieved	Full Compliance
7. Child abuse and/or neglect reports will show evidence that the investigator checked for prior reports of abuse and/or neglect.	Full Compliance	90% As reported in February 7, 2006 CSSP Report on Investigations	Yes	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
8. CFSA shall provide appropriate medical, psychological or psychiatric evaluations of children, as outlined in the MFO, as part of the investigation of abuse or neglect in cases where it is determined that such evaluations are necessary.	80%	53% medical evaluation 40% psychological or psychiatric evaluation	No	Not Comparably Measured in Prior Periods	
9. CFSA will ensure that children with substantiated abuse or neglect reports who have not had a physical examination during the investigation and have not had a recent exam in the time period recommended by the EPSDT schedule, receive a physical examination within 48 hours of substantiation of cases.	75%	21% (June 2005)	No	Not Comparably Measured in Prior Periods	
10. By March 21, 2004, CFSA will develop or provide access, including notification of availability, to a specialized resource pool of medical, psychological and psychiatric resources that will be made available to workers and/or children and families as needed during an investigation of abuse or neglect	Full Compliance	CFSA has developed the Office of Clinical Practice (OCP) with specialized capacity to meet the needs of children	Yes	Benchmark Achieved	Full Compliance
11. The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, will conform to the requirements of the MFO for the provision of ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) review of child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; and (3) issuing an annual public report and (4) considering and implementing recommendations as appropriate	Full Compliance	Two child fatality committees operate in the District – one for internal CFSA review and one for city-wide review	Yes	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
SERVICES TO CHILDREN AND FAMILIES					
<i>Outcomes</i>					
<p>1. By September 30, 2005, CFSA will secure commitments from District agencies to partner with CFSA for the provision of services, or otherwise provide or arrange for services required by the MFO including</p> <p>a. Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes</p> <p>b. Services to enable children who have been returned from foster care to parents or relatives to remain with those families and avoid replacement in foster care</p> <p>c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and</p> <p>d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement</p>	Full Compliance	CFSA continues to work on collaborating with District agencies for the provision of services	No	Improved ↑	Full Compliance
<p>2. There will be evidence that families routinely are offered and assisted to use MFO required services to meet the goals of safety, permanency and well-being for children.</p> <p>a. Appropriate services, including all services identified in the case plan, will be offered and children/families will be assisted to use services, when applicable, for the purpose of enabling children who have been the subject of a substantiated abuse/neglect report to avoid placement and to remain safely in their own homes.</p>	80%	31%	No	Not Previously Measured	

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
b. Appropriate services, including all services identified in the case plan, will be offered and children/families will be assisted to use services, when applicable, for the purpose of enabling children who have been returned from foster care to parents or relatives to remain with those family members and avoid replacement in foster care;	80%	64%	No	Not Previously Measured	
c. Appropriate services, including all services identified in the case plan, will be offered and children/families will be assisted to use services, when applicable, for the purpose of avoiding the disruption of an adoptive placement that has not been finalized.	80%	73%	No	Not Previously Measured	
d. Appropriate services, including all services identified in the case plan, will be provided for the purpose of preventing the disruption of a foster home placement, under those circumstances in which the placement is a long-term placement and the placement is beneficial to the child.	80%	67%	No	Not Previously Measured	
3. A CFSA worker or a qualified worker from a service provider authorized by CFSA will visit families in which there has been substantiated abuse or neglect, with a determination that children can be maintained safely in the home with services.	90% Monthly 40% Twice monthly	61% Monthly 20% Twice Monthly	No	Improved ↑	95% Monthly 50% Twice Monthly

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
4. Families who have been the subject of a report of neglect/abuse that has not been founded, will be referred to an appropriate Collaborative or community agency when appropriate.	70%	28 families (8%) referred to Collaboratives by CPS in March 2006	No	Unable to Determine	
5. CFSA will provide evidence of financial support to community and neighborhood-based services to protect children and support families	Full Compliance	CFSA provides evidence of financial support to community and neighborhood based services	Yes	Benchmark Achieved	Full Compliance
EMERGENCY CARE AND GENERAL ASSISTANCE					
<i>Outcomes</i>					
1. By September 30, 2004, CFSA will have in place policies and procedures for appropriate use of general assistance payments for the care of children with unrelated adults, including provision of any applicable oversight and supervision	Full Compliance	CFSA uses general assistance payments appropriately	Yes	Benchmark Achieved	Full Compliance
2. By September 30, 2004, CFSA will demonstrate that District General Assistance payments grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect	Full Compliance	CFSA demonstrates that general assistance payments are not used as a substitute for financial supports for foster care or kinship care	Yes	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
PLACEMENT OF CHILDREN					
<i>Outcomes</i>					
1. Children will be placed in appropriate placements. a. Children in out-of-home placement will be placed with some or all of their siblings.	75%	61%	No	Improved ↑	80%
b. Children placed in out-of-home placement will be placed in the least restrictive, most family-like setting appropriate to their needs.	80%	81% in family-based foster care	Yes	Benchmark Achieved	
c. Children under 12 will not be routinely placed in congregate care settings.	Full Compliance No More than 20 Children	21	Yes/ Substantially Achieved	No Change	Full Compliance No More than 20 Children
d. Children placed apart from their siblings will have at least twice monthly visitation with some or all of their siblings.	70%	26%	No	Improved ↑	75%
e. CFSA will have no children stay overnight in its in-house Intake Center.	Full Compliance	0	Yes	Benchmark Achieved	Full Compliance
f. CFSA will not place children more than 100 miles outside the District of Columbia.	No more than 35 children	82 children placed more than 100 miles away in residential settings	No	Improved ↑	No more than 25 children
g. CFSA will investigate relative resources in cases requiring removal of children from their homes.	75%	Relative resources considered in 64% of cases	No	Unable to Determine	85%

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
h. CFSA will ensure that children in its custody whose placements are disrupted are provided with a thorough, professional evaluation to determine their service and re-placement needs within 30 days of re-placements.	85%	Unable to Determine	Unable to Determine	Unable to Determine	
2. CFSA will work to reduce multiple placements of children in foster care: a. There will be a reduction in the percentage of children who enter foster care after January 1, 2003 who have had three or more placements.	Full Compliance	Unable to Determine	Unable to Determine	Unable to Determine	Full Compliance
b. There will be a reduction in the percentage of children in foster care who will have had three or more placements in a twelve-month period.	No more than 5%	18%	No	Improved ↑	Full Compliance
3. Children will be placed in foster homes and other placements that meet licensing and other MFO placement standards. a. Foster homes, group homes, and independent living facilities will have a current and valid license.	Full compliance	80% foster homes 97% group homes 69% independent living	No	No Change Improved ↑	Full compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
b. Children in foster home placements will be in homes that (a) have no more than three foster children or (b) have six total children including the family's natural children; (c) no more than two children under two years of age or (d) more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, will exceed these limits.	Full Compliance	<p>5% in foster homes with more than 3 foster children</p> <p>1% in homes with more than 6 total children</p> <p>.32% in homes with more than 2 children under age 2</p> <p>.22% with more than 3 children under age 6</p>	Yes	Benchmark Achieved	Full Compliance
c. CFSA will place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs, which cannot be met in any other type of care.	Full Compliance	10 children	No	Improved ↑	Full Compliance
d. No child will remain in emergency, short-term, or shelter facility or foster home for more than 30 days.	No more than 25 children	22 children	Yes	Benchmark Achieved	No more than 25 children
e. No child will be placed in a group-care setting with a capacity in excess of 8 children without express written approval by the Director or designee based on written documentation that the child's needs can be met only in that specific facility, including a description of the services available in the facility to address the individual child's needs.	Full Compliance	34 (21%) children	No	Improved ↑	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
f. Children will not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placements of a sibling group, with no other children in the home, will exceed the limits.	Full Compliance	73 (4%) children	Yes/ Substantially Achieved	Improved ↑	Full Compliance
4. Children in foster care will have a health screening prior to placement.	90%	90% of Children who Entered or Reentered 36% with Placement Moves (total of 66% received screening or up to date with EPSDT by July 5, 2006)	No	Not Comparably Measured in Prior Periods	
5. Children in foster care will receive a full medical and dental evaluation within 30 days of placement.	90%	29% (74% received EPSDT within 60 days or were up to date) No Data Available on Dental Care	No	Not Comparably Measured in Prior Periods	Full Compliance
6. CFSA will continue to maintain responsibility for managing and complying with the Interstate Compact on the Placement of Children (ICPC) for children in its care	Full Compliance	Maryland only: 64% with ICPC approval	No	Unable to Determine	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
PLANNING					
<i>Outcomes</i>					
1. All open cases will have current plans, as defined in a, b, and c below: <ul style="list-style-type: none"> a. Initial case plans will be created within the first 30 days of a child's removal from home. b. Case plans will be updated to reflect changing needs. c. Case plans will be updated minimally every six months. 	Full Compliance	90% child plans 74% family plans	No	No Change Declined ↓	Full Compliance
2. CFSA will develop timely, comprehensive, and appropriate case plans that are developed with the family and reflect current conditions and needs. <ul style="list-style-type: none"> a. Case plans will be reflective of a timely assessment of the individual needs of the child in placement, and the needs of both parents and children as they relate to a child's permanency goal. 	90%	38%	No	Unable to Determine	
<ul style="list-style-type: none"> b. Every reasonable effort will be made to locate family and to develop case plans in partnership with families, their informal support network, and other formal resources working with or needed by the family. 	90%	70% of both in-home and out-of-home cases See fall 2005 QSR report 53% of in-home cases See forthcoming spring 2006 QSR report	No	Unable to Determine	

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
c. Case plans will identify permanency-planning goals for children that are appropriate for the child and family and are compliant with District law requirements and timeframes for permanency.	Full Compliance	48%	No	Unable to Determine	Full Compliance
d. Case plans will identify specific services and supports and timetables for providing services needed by families to achieve identified goals.	85%	33%	No	Unable to Determine	
e. Cases will show evidence of appropriate supervisory review of case plan progress.	85%	100% supervisory review is required in FACES before a case plan can be finalized	Yes	Benchmark Achieved	
3. For children with a goal of reunification, CFSA will facilitate weekly visits between children and their parents.	Full Compliance	13%	No	Declined ↓	Full Compliance
4. For children with a goal of reunification, in accordance with the case plan, the assigned worker or designated family services provider shall meet with the parent(s) no less frequently than twice a month in the first three months post-placement unless there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.	80%	37%	No	Improved ↑	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
<p>5. Permanency goals for children in foster care will be appropriate to their needs and family situation and compliant with requirements for permanency in District law, absent a court order requiring a different goal. Goals would be inappropriate if:</p> <p>a. A child under the age of 12 has a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person.</p>	Full Compliance	0	Yes	Benchmark Achieved	Full Compliance
<p>b. A child under the age of 12 has a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, or to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.</p>	Full Compliance	0	Yes	Benchmark Achieved	Full Compliance
<p>c. A child under the age of 16 has a permanency goal of independent living.</p>	Full Compliance	6	Yes (<1%)	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
d. A child has a goal of return home if (a) both parents have relinquished custody or are deceased; (b) the parents cannot be located after a diligent search, not to exceed three months from the child's entering placement or a child's parents have been found guilty of repeated serious abuse of or neglect of the child or the siblings such that termination of parental rights is appropriate.	Full Compliance	48	Yes (<2%)	Benchmark Achieved	Full Compliance
ADOPTION AND POST ADOPTION					
<i>Outcomes</i>					
1. CFSA will have a timely process for moving children to adoption. Evidence of compliance will include: a. Children with a permanency goal of adoption will be in an approved adoptive placement within nine months of their goal becoming adoption.	85%	50%	No	Improved ↑	
b. Children with a permanency goal of adoption will have legal action initiated to free them for adoption within 30 days of their permanency goal becoming adoption.	Full Compliance	Unable to Determine (for 47% of children a termination of parental rights or adoption petition was filed)	No	Unable to Determine	Full Compliance
c. CFSA will make all reasonable efforts to ensure children with a permanency goal of adoption will have their adoptions finalized within 12 months of placement in an approved adoptive home.	85%	33%	No	Unable to Determine	

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
2. Within 95 days of a child's permanency goal becoming adoption, CFSA will convene a permanency planning team which will develop a child-specific recruitment plan, if needed, which may include contracting with a private adoption agency.	Full Compliance	Insufficient data	No	Unable to Determine	Full Compliance
3. CFSA will have in place a process for recruiting, studying and approving families interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 120 days of application.	75%	No data provided	No	Unable to Determine	85%
4. CFSA will make available post-adoption services necessary to preserve families who have adopted a child from CFSA or from a contract agency providing adoption services to children committed to CFSA.	60%	CFSA has created a dedicated unit	Yes	Benchmark Achieved	80%
5. Adoptive families will receive notification at the time that the adoption becomes final of the availability of post-adoption services.	90%	CFSA reports that all families are provided with information about the availability of post-adoption services	Yes	Benchmark Achieved	90%
SUPERVISION OF PLACEMENT					
<i>Outcomes</i>					
1. CFSA will increase visitation: a. CFSA or contract agencies with any level of case responsibility shall make weekly visits during the first eight weeks of placement to children newly placed in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.) or moved to a new placement.	90%	33%	No	Declined ↓	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
b. CFSA or contract social workers with case management responsibility shall make monthly visits to children in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.)	Full Compliance	83%	No	Declined ↓	Full Compliance
c. CFSA and contract social workers shall make bi-weekly (twice monthly) visits to children in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.)	Full Compliance	48%	No	No Change	Full Compliance
2. By September 30, 2003, and thereafter, all CFSA contracts with private agencies providing foster care services shall include performance expectations for visitation of children in foster care in compliance with MFO visitation requirements	Full Compliance	CFSA is developing performance-based contracting capacity. Contracts are expected mid-2007.	No	Improved ↑	Full Compliance
CASE REVIEW SYSTEM					
<i>Outcomes</i>					
1. By September 30, 2005, CFSA will have implemented an Administrative Case Review process, as defined in Section X.B.1(a-c) of the MFO, with sufficient staff resources to review foster care cases within 180 days of a child's entry into foster care and every 180 days thereafter	Full Compliance	CFSA has implemented an Administrative Case Review process	Yes	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
2. The Administrative Case Review process shall: <ul style="list-style-type: none"> a. Be staffed by qualified social workers b. Provide advance notification to social workers, parents, foster parents, youth, Guardian ad litems, and involved service providers as appropriate c. Be efficiently and conveniently scheduled to ensure maximum participation of involved parties, especially parents, as appropriate d. Provide for a comprehensive review of case progress, the appropriateness of permanency goals and placement, and adequacy of services to meet permanency goals and to promote the safety, permanence and well-being of the child e. Be structured to provide feedback to CFSA management on compliance with agency policies and procedures, District of Columbia law and the MFO 	Full Compliance	Administrative Case Reviews are staffed by qualified workers, provide advanced notification, are efficiently and conveniently scheduled to ensure maximum participation, provide for a comprehensive review of case progress and are structured to provide feedback to CFSA	Yes	Benchmark Achieved	Full Compliance
3. Foster care cases will have had an Administrative Case Review within 180 days of entering care and every 180 days thereafter.	Full Compliance	98%	Yes/ Substantively Achieved	No Change	Full Compliance
4. CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement.	Full Compliance	97%	Yes/ Substantively Achieved	Declined ↓	Full Compliance
5. By September 30, 2005 CFSA will have fully implemented a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers.	Full Compliance	CFSA continues to build its QA capacity	No	Unable to Determine	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
6. CFSA will conduct appropriate case specific reviews as specified in Section X, D.1 of the Modified Final Order according to the timetable for phased implementation approved by the Court Monitor by September 30, 2003. CFSA will notify the Director or the Director's designee and the Court Monitor on a monthly basis of the cases requiring special case review and the status and outcome of each review.	Full Compliance	Not Implemented	No	No Change	Full Compliance
CASELOADS, STAFFING, AND WORKER QUALIFICATION					
<i>Outcomes</i>					
1. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed a maximum of 12 investigations at any one time.	Full Compliance	20 of 50 investigators (40%) with more than 12 investigations 17 on-going cases being managed in intake	No	No Change	Full Compliance
2. The caseload of each CFSA worker and private agency worker providing services to children and families in which the child or children in the family are living in their home shall not exceed 17 families.	Full Compliance	40 of 263 workers with more than 17 total cases (15%)	No	Improved ↑	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
3. The caseload of each CFSA worker and private agency worker providing services to children in placement, including children in Emergency Care and children in any other form of CFSA physical custody, shall not exceed 12 for children with special needs and shall not exceed 20 for all other children.	Full Compliance		No	Improved ↑	Full Compliance
4. The caseload of each CFSA worker having responsibility for any child in the Adoption Unit shall not exceed 12 children, or 15 children involving cases of independent adoption.	Full Compliance	3 of 31 workers (6%) with more than 12 adoption cases	Yes	Substantively Achieved	Full Compliance
5. The caseload of each CFSA and private agency worker having responsibility for conducting home studies shall not exceed 30 cases.	Full Compliance	No Data Provided	Unable to Determine	Unable to Determine	Full Compliance
6. Supervisors who are responsible for supervising CFSA and private agency social workers who carry caseloads shall be responsible for no more than six workers, including case aides, or five case workers.	95%	92% (9 of 120 supervisors with more than 5 workers)	Yes	Benchmark Achieved	
7. No CFSA or private agency supervisor will be responsible for the management of any cases except in those situations in which the assigned worker leaves without providing notice, and in such circumstances, only for a five-day period.	Full Compliance	66 of 120 supervisors with cases (55%)	No	Unable to Determine Previous Data Undercounted Supervisors with Caseloads	Full Compliance
8. Beginning September 30, 2003 and thereafter, there will be no unassigned cases.	Full Compliance	No Data Provided	No	Unable to Determine	Full Compliance
9. Unless otherwise agreed, all social worker hires at CFSA must have an MSW or BSW before being employed as trainees	Full Compliance	CFSA hires only social workers with an MSW or BSW	Yes	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
10. All social work staff must meet District of Columbia licensing requirements to carry cases independently of training units	Full Compliance	CFSA social work staff meet D.C. licensing requirements	Yes	Benchmark Achieved	Full Compliance
11. By September 30, 2005, and continuously thereafter, CFSA will have sufficient staff to meet the caseload requirements of the MFO, or any subsequent modifications thereto, that are approved by the Court unless defendants can otherwise demonstrate substantial compliance with the MFO	Full Compliance	CFSA is implementing new staffing patters to continue a reduction in caseloads	No	Improved ↑	Full Compliance
TRAINING					
<i>Outcomes</i>					
1. New workers will receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.	Full Compliance	40%	No	Declined ↓	Full Compliance
2. Foster parents will receive a minimum of 15 hours of pre-service training.	Full Compliance	No Data Provided	No	Unable to Determine	Full Compliance
3. Adoptive parents will receive a minimum of 30 hours of training, excluding the orientation process.	Full Compliance	No Data Provided	No	Unable to Determine	Full Compliance
4. Beginning September 30, 2003, CFSA will offer regularly scheduled judicial training.	Full Compliance	Several Judicial Trainings Offered	Yes	Benchmark Achieved	Full Compliance
5. Previously hired workers will receive annually a minimum of 40 hours of in-service training geared toward professional development and specific core and advanced competencies.	80%	26%	No	Unable to Determine	85%
6. New supervisors will receive a minimum of 40 hours of pre-service training on supervision of child welfare workers.	Full Compliance	89%	No	Improved ↑	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
7. Supervisors will receive annually a minimum of 24 hours of ongoing training.	Full Compliance	89%	No	Improved ↑	Full Compliance
8. CFSA and contract agency foster parents will receive annually a minimum of 15 hours of in-service training.	Full Compliance	No Data Provided	No	Unable to Determine	Full Compliance
9. Social workers and supervisors at contract private agencies will receive the required 80 hours of pre-service training and ongoing training, as required for CFSA social workers.	Full Compliance	15%	No	Declined ↓	Full Compliance
10. CFSA administrators will receive annually a minimum of 24 hours of training.	Full Compliance	87%	No	Improved ↑	Full Compliance
RESOURCE DEVELOPMENT					
<i>Outcomes</i>					
1. By September 30, 2004, CFSA will provide evidence of adequate Resource Development capacity within the Agency, with sufficient staff, and other resources to carry out MFO resource development functions	Full Compliance	CFSA has Resource Development capacity	Yes	Benchmark Achieved	Full Compliance
2. By December 31, 2003, CFSA will complete a needs assessment, which will include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years	Full Compliance	CFSA completes a needs assessment every two years	Yes	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
3. Within three months of the completion of the needs assessment by March 31, 2004, CFSA will produce a written Resource Development Plan identifying the services required and how they will be funded/developed. The Plan shall specify the quantity of each category of resources and services, the time period within which they will be developed, and the specific steps that will be taken to ensure that they are developed. CFSA will then take necessary steps to implement this plan	Full Compliance	CFSA produces a written Resource Development Plan identifying the services required and how they will be funded/developed	Yes	Benchmark Achieved	Full Compliance
CONTRACT REVIEW					
<i>Outcomes</i>					
1. By December 31, 2003, CFSA will have in place a functioning contracting system that <ul style="list-style-type: none"> a. Develops procurements for identified placement and service needs; b. Issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations and c. Monitors contract performance on a routine basis 	Full Compliance	CFSA continues to develop its contracts capacity	No	Improved ↑	Full Compliance
2. By September 30, 2005, CFSA will fully implement a performance-based contracting system with capacity to monitor performance on outcomes and make decisions based on achievement of outcomes	Full Compliance	CFSA continues to develop its contracts capacity	No	Improved ↑	Full Compliance
3. Beginning September 30, 2003, and thereafter, CFSA contracts for services will include a provision which requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy	Full Compliance	No eject/No reject policy is in place	Yes	Benchmark Achieved	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
4. Beginning September 30, 2003, and thereafter, CFSA contracts with private agencies providing foster care services shall include performance standards for visitation of children in foster care and other practice standards in compliance with Implementation Plan or MFO requirements	Full Compliance	Contracts include visitation requirements	Yes	Benchmark Achieved	Full Compliance
INFORMATION SYSTEM					
<i>Outcomes</i>					
1. CFSA shall develop and maintain a unitary computerized information system and will take all reasonable and necessary steps to achieve and maintain accuracy	Full Compliance	CFSA maintains FACES.net	Yes	Benchmark Achieved	Full Compliance
2. By December 31, 2004 and thereafter, CFSA will provide evidence of the capacity of FACES Management Information System to produce appropriate, timely, and accurate worker/supervisor reports and other management reports which will assist the Agency in meeting goals of safety, permanence and well-being and the requirements of the MFO	Full Compliance	FACES.net produces appropriate, timely and accurate reports	Yes	Benchmark Achieved	Full Compliance
FINANCIAL DEVELOPMENT					
<i>Outcomes</i>					
1. CFSA will demonstrate compliance with Sections A & B of Chapter XVIII of the MFO concerning federal revenue maximization and financial development	Full Compliance	CFSA is working with consultants to increase unacceptably low Title IV-E reimbursements	No	Improved ↑	Full Compliance

REQUIREMENT	CURRENT BENCHMARK ²⁶	APRIL 2006 PERFORMANCE	BENCHMARK ACHIEVEMENT	DIRECTION OF CHANGE	JUNE 2006 BENCHMARK ²⁷
2. The District shall provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increase in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources	Full Compliance	FY 2007 Proposed Budget of \$257,405,798	Yes	Benchmark Achieved	Full Compliance
3. The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide agency budget and/or personnel reductions that may be otherwise imposed	Full Compliance	CFSA has not experienced furloughs	Yes	Benchmark Achieved	Full Compliance